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Happy New Year!

HIV PREVENTION PLANNING COUNCIL MEETING

JANUARY 8, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Ronnie Ashley (Chata)
Ellen Goldstein
Tracey Packer

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Please read: **Agenda, Minutes of 12/11 and 12/18**
Please bring: **Agenda, Minutes of 12/11 and 12/18**

1. Food/Welcome/Introductions/Announcements	Tracey Packer	3:00 - 3:10 PM
2. Review and Approval of 12/11 and 12/18 Minutes	Tracey Packer	3:10 - 3:20 PM
3. Public Comment	Tracey Packer	3:20 - 3:30 PM
4. Strategic Evaluation Committee: Gaps in Intervention Level Evaluation (Vote) ***(includes 10 minutes public comment)***	J. Colin Partridge & Michael Discepola	3:30 - 4:30 PM
5. Evaluation		4:30 - 4:40 PM
6. Break		4:40 - 4:50 PM
7. Discussion of HPPC Plans for 1998	All	4:50 - 5:50 PM
8. Closure/Evaluation	Tracey Packer	5:50 - 6:00 PM

Upcoming Meetings:

HPPC Meeting - Thursday, **January 22, 1998, 3-5** PM, First Unitarian Church 1187 Franklin Street (@ Geary)
HPPC Meeting - Thursday, **February 12, 1998, 3-6** PM, First Unitarian Church 1187 Franklin Street (@ Geary)

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SF DPH

HIV PREVENTION PLANNING COUNCIL (HPPC)
Minutes for January 8, 1998

* Please note in your calendar any of the following meeting times that apply to you: *

HPPC:	Thurs., Jan. 22, 3-5 p.m. at the First Unitarian Church
	Thurs., Feb. 12, 3-6 p.m. at the First Unitarian Church
New Member Orientation:	Thurs., Jan. 15, 1998, 3-5 p.m. at the AIDS Office
	Thurs., Jan. 29, 1998, 3-5 p.m. at the AIDS Office

/98

Members Present:

Barbara Adler
Bill Barnes
Michael Bogan
Manny Dacalanio
Elizabeth Davis
Michael Discepola
Brenda Escobar
José Ramon Fernandez-Peña
Ellen Goldstein
Jelousy Jiggetts
Dredge Byung'chu Kang
Valerie Kegebein
Sacul L'Adnbre
Jennifer Lorvick
Sonja Mackenzie
Byron Mason
Helen Miramontes
Askia Muhammad
Jimmie Naritomi
John Newmeyer
Shawn O'Hearn
Henry Ocampo
Tracey Packer
J. Colin Partridge
Dawn Passar
Jeff Polld
María Rinaldi
Steven Sams
Nashanta Stanley
Steven Tierney
John Blake West

Members Absent:

Ronnie (Chata) Ashley
Marcos Bañales
Dave Hubbard
Renee Williams
A. Toni Young

Guests:

Mazdak Mazarei, Lyric
Hank Wilson, ACT UP Golden Gate

Harder + Co./Polaris, Inc.:

Amalia Fernandez-Niewendorp, Polaris Inc.
Martin Forst, Polaris Inc.
Rick Green, Harder + Co
Lyn Paleo, Harder + Co.

Process Evaluation Team:

Pali Basi
Ruel Caneda
Kathleen Roe

AIDS Office Staff:

Brian Dobrow
Delia Garcia
Mike Pendo

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1. FOOD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS

Tracey convened the meeting shortly after 3:00 p.m. She welcomed everyone, and asked that all members and guests introduce themselves. She asked if there were any announcements.

Announcements

Member Absences

- The following individuals had informed the Co-Chairs of their absence from today's meeting: Chata Ashley, Marcos Bañales, Barry Brinkley, Dave Hubbard, and Kevin Roe. [Note from the Co-Chairs pertaining to a correction to the December 18, 1997 HPPC meeting minutes: José Ramon Fernandez-Peña had given prior notification to the Co-Chairs of his absence from that meeting.]

Colin Partridge

- Colin referred to the HPPC letter of support that was sent last year for the "VIRAL BRIDGES: Current Aspects of HIV Prevention in the Bay Area" Conference, at Sonoma State University. The conference is scheduled for Saturday May 2, 1998 from 9:00 a.m. to 5:00 p.m. at the Commons on the Sonoma State University Campus in Rohnert Park, California. The Conference will include panels covering a variety of HIV prevention topics. *(An invitation to the Conference is attached to these minutes for all HPPC members.)*

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Kathleen Roe

- Kathleen noted that although the meeting evaluation form had been re-formatted, the content remained the same. In order to get feedback from all meeting participants the Process Evaluation team would also begin, at this and future meetings, to request that that any non-Council member (AO staff, consultants, guests, etc.) complete meeting evaluation and dialogue box forms. Kathleen explained that to separate the non-member forms from those of the HPPC members the forms for non-members will be pink.

- Kathleen also asked that any new or continuing member(s) that had yet to complete the "HPPC Member Background Experiences" survey do so as soon as possible in order for the Process Evaluation team to finalize the results of that survey.

Barbara Adler

- Barbara informed the Council that the next New Member Committee meeting is scheduled for Thursday January 15, 1998 from 3-5 at the AO -- check-in on the fifth floor. The topic of this meeting will be: "Working in Groups: Effective decision making for policy setting, negotiating principles, roles and responsibilities." The final New Member Committee meeting is scheduled for Thursday January 29, 1998, again from 3-5 at the AO. These orientation type meetings are mandatory for all new members. (Note: Mentors are invited but are not required to attend.) Anyone unable to attend must notify Barbara or Tracey of their absence as early as possible.

Valerie Kegebein

- Valerie informed the Council that the Community Health Promotion Division of the Department of Public Health is putting on a "One Less Gun Campaign" that asks San Franciscans to donate any working gun(s) in order to reduce the number of guns in their communities. The campaign event is scheduled for January 17, 1998 from 9:00 a.m. to 1:00 p.m. at the Ella Hill Hutch Community Center located at 1050 McAllister Street. She encouraged Council members, particularly those who are Outreach Workers, to take as many flyers as possible to help inform their communities.

- Valerie added that the DPH is also putting on a series of trainings on violence prevention. Topics will include many of the issues pertaining to guns such as: gun safety, gun violence, suicide, San Francisco specific issues, statistics, etc. Anyone interested in these trainings or more information about these trainings may contact: Jennabeth Ward, at 415-554-2740.

Henry Ocampo

- Henry reported that the API Wellness Center was looking to fill various positions: Community Events Specialist, Vietnamese Health Education Specialist, Chinese Health Education Specialist, Outreach Specialist, and Media Specialist. Copies of these job announcements are attached to these minutes for all members.

Ellen Goldstein

- Ellen asked for a show of hands to determine whether Council members had received the invitation to the Mayor's AIDS Summit that is scheduled for January 27, 1998. Most members had received the invitation. Ellen apologized to those who had not received an invitation: Jeff Poltl, Steven Sams, Hank Wilson and Dredge Byung'chu Kang. Ellen indicated that she would forward invitations to them as soon as possible.

Tracey Packer

- Tracey referred to the member sign-in sheet located at the back of the table. She requested that members take a moment while signing in or during the 10 minute break to review the address listed next to their name for accuracy.

- Tracey indicated that a revised agenda was available at the back table for all members and guests. She noted that the initial 1/8/98 HPPC meeting agenda that had been distributed had not listed the ten minute public comment for agenda item number seven. This was the only revision to the agenda.

- Tracey noted that today marked the first time new Council members could exercise their HPPC voting privileges.

- Tracey also reported that the AO is still working with the City Attorney's Office to determine whether the HPPC is actually governed by the Brown Act or not. This issue will be discussed at the 1/22 HPPC meeting.

2. REVIEW AND APPROVAL OF THE 12/11 AND 12/18 MINUTES

Tracey indicated that because copies of the 12/11 and 12/18 HPPC minutes were being distributed at this meeting, the review and approval of those minutes would be postponed till the 1/22 HPPC meeting.

3. PUBLIC COMMENT

Tracey introduced speaker *Hank Wilson of ACT UP Golden Gate.*

- Hank stated that he wanted to address the services currently being provided by the AIDS Health Project (AHP) and how those services could be improved. More specifically he addressed the Monday night AHP drop-in support group for HIV (+) individuals. The support group provides individuals an opportunity to meet and connect with other HIV (+) individuals. He stated that this group and other similar support groups should be made available to individuals more than just once a week. He compared the need for this type of support group to the need for Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) groups. When an individual is feeling disconnected and/or in need of support they should be able to access that support immediately, not several days later. He stated that similar concerns have been raised by HIV (-) individuals who also want more choices, other than meeting people at bars.

  He noted that on a recent trip to Los Angeles he visited a lounge that offers a similar drop-in service that is open from 10:00 a.m. to 2: 00 a.m., Monday through Sunday. His stated that personally the feelings of isolation and loneliness tend to hit between the hours of nine and midnight. Unfortunately, the AHP closes at 9:00 p.m. which does not help him in his moment of need. He added that he is not criticizing the AHP, but rather wanting to provide this pertinent insight in order to help drive discussions and hopefully the expansion of these types of services.

COUNCIL RESPONSE TO PUBLIC COMMENT

Tracey thanked Hank and asked the Council if there were any questions or comments for Hank. Steven Sams asked Hank if he was aware of any other projects in San Francisco that might provide similar drop-in services. Hank responded that he was not aware of any such groups other than AA or NA, which do not provided the support he needs. As an after-thought, Hank also noted that although the AHP does provide

drop-in support groups for HIV (+) and HIV (-) individuals one night a week for each, he is not aware of any 'mixed' drop-in support group for both HIV (+) and HIV (-) individuals.

Michael Discepola noted that the AHP does provide a counseling support group for magnetic couples -- one partner is HIV (+) and the other is HIV (-). As for a 'mixed' drop-in support group for both HIV (+) and (-) individuals, that is currently being discussed and will be an up-coming service that would begin sometime during the next six months.

Bill Barnes asked Hank whether or not any prevention interventions were included in the AHP HIV (+) support group. More specifically, Bill expressed his concern that services targeting HIV (+) individuals don't stress prevention messages enough. Hank responded that he was not 100 % sure and therefore could not respond. Barbara Adler offered a point of clarification and noted that although she also does not have all of the specifics, she is aware that there is some secondary prevention included in the HIV (+) support groups. She added that the AHP Counseling and Testing component also includes secondary prevention through a linkage counselor who provides interim case management, to both HIV (+) and HIV (-) individuals.

4. STRATEGIC EVALUATION COMMITTEE - GAPS IN INTERVENTION-LEVEL EVALUATION RESEARCH (VOTE)

Tracey explained that the Strategic Evaluation Committee had previously presented to the Council at the 11/20/97 HPPC meeting. That presentation had included a concept vote in which the Council voted in support of the direction the Committees was going. Today the Committee would be presenting their final product, the identified gaps in intervention-level evaluation research, for a Council vote. She then introduced the Co-Chairs of the Strategic Evaluation Committee, Colin Partridge and Michael Discepola. Colin briefly summarized the presentation and then introduced the rest of the Committee: Kristen Clements, Brenda Escobar, Marty Forst, Liz Highleyman, John Newmeyer, Henry Ocampo, Mike Pendo, Bethsaida Ruiz, and Stacy Vogan.

Colin explained that the Committee's task limited to 1997 had been to: *Identify gaps in evaluation research on HIV education and prevention interventions.* The future Strategic Evaluation Committee's task will be to pick up where the 1997 Committee left off and begin the prioritization of the identified gaps being presented today. Colin summarized that the 1997 Committee began its work by first reviewing pertinent literature. The Committee tried its best to look at the literature review in terms of each article and then summarizing all of the articles for the specific interventions by Behavioral Risk Populations (BRPs). Colin stated that it was important to emphasize that most of the research is not done by the BRP. For instance, a study may target Intravenous Drug Users (IDUs), but does not list the IDUs sexual orientation. Another example would be the reverse, a study targets gay men, but doesn't mention their specific behaviors, such as substance abuse. He added that this had proven to be rather difficult when the Committee began to combine the literature into the tables being presented today.

Colin briefly summarized that the criteria for reviewing literature to assist in identifying the gaps in intervention research:

- Population at risk
- Generalized to SF and the SF BRPs
- Adequate sample size
- Limitations and inconsistencies
- Recent study, post 1990
- Quality of study and the study design
- Period of follow-up/durability of effect
- Consistent findings across the studies
- Evidence versus assumptions

The Strategic Evaluation Committee set three general criteria for selecting articles. First, only relevant articles from 1990 to the present would be reviewed. Second, only articles with behavioral outcomes--i.e., specific behavior changes, rather than changes in knowledge, would be considered. Third, articles conducted in the United States would be stressed (some articles from other countries were examined in the literature reviews). The Committee then used a matrix format for summarizing and displaying the articles for analysis which included:

- Author(s), title, journal, date, citation
- Target population/site (urban, non-urban, San Francisco, non-San Francisco)
- Intervention/strategy (some were re-categorized from what the study actually said)
- Outcome measures (behavioral whenever possible)
- Research design (control or comparison group)
- Follow-up period
- Results of study
- Implications
- Limitations of study

The Committee then began the process of narrowing down the amassed information into more specific categories. At the most basic level, the Committee tried to identify gaps at the intervention level--that is, by intervention type. Then the Committee identified gaps by BRPs, sub-groups, and demographics as possible (i.e. age, race/ethnicity, and socioeconomic status). The Committee used a scoring system to identify gaps in a more systematic manner. The scores ranged from zero to five, with zero representing a total gap in the research and five representing no gap at all. This system was used as a general gauge for ranking gaps; it is not a scientifically derived and validated process.

Colin presented the concerns that the Council raised during the concept vote presentation (11/20/97). He addressed each of these concerns with the response of the Committee. Colin noted that the Council's primary concern pertained to the Committee's attempt to simplify the BRPs specified in the Plan. The Committee reverted to the twelve BRP because of these concerns raised by the Council. However, Colin explained that the gaps became more prominent when the Committee revised their initial review process -- simplifying the existing BRP classification system found in the HPPC Plan, from twelve to five. This reversal to the twelve BRPs resulted in the Committee's final results that depict gaps in most BRPs for most interventions. Colin noted that Michael Discepola would present the specific gaps during his part of the presentation.

Colin explained that another concern that the Committee addressed included the lack of information about the Transgender population. The Committee incorporated this feedback by developing a separate category for that specific gap, where it is not a global gap. Tracey asked for clarification between 'Global' and 'Specific' gaps. Colin explained that global pertained to gaps where either no intervention research was done or a very limited study was completed for that BRP. Because the literature had been listed by BRP, determining who was actually being studied was very challenging and limited. Colin referred to a summation slide of all of the literature reviewed and pointed out the global gaps as those which listed zero or perhaps only one study.

Another concern pertained to the need to disseminate formative information to the community about specific interventions. The intent of disseminating the information would be to allow the community understanding of studies as they are being conducted and also providing those interested in providing

similar interventions a model to follow. Colin noted that this dissemination of the Committee's findings will begin after today's vote and the preparation of a final report. The result of the final report will be disseminated to the Community for feedback and then recommendations will be made for future studies. Colin noted that Council members also expressed a concern for the need to consider structural interventions, which are not listed in the Plan. The Committee agreed that they would only focus on interventions in the Plan. The issue of structural interventions might be better addressed by the Organizational Development and Technical Assistance (OD/TA) project.

Colin added that the Committee had agreed that 'social event' interventions were Venue Based Group Outreach (VBGO). Lastly, the Committee looked at the concern pertaining to new therapies and new intervention techniques. The Committee agreed that they would come back with a recommendation that new intervention studies include questions that specifically address new therapies in their intervention techniques. Colin concluded by saying that the Committee had completed the 1997 task it had set out to complete. He then introduced Michael for a summary of the identified gaps in evaluation research on HIV education and prevention interventions.

A handout "Gaps in Behavioral Risk Populations (BRPs) and sub-groups by interventions." was distributed. The handout listed following tables with each table depicting the results of each intervention as it relates to the twelve BRPs:

A) Prevention Case Management (PCM)
B) Venue-based Group Outreach (VBGO)
C) Individual Risk Reduction Counseling (IRRC)
D) Condom Distribution
E) Media
F) Venue-based Individual Outreach(VBIO)
G) Counseling, testing, referral, and partner notification (CTRPN)
H) Single session groups (SSG)
I) Needle exchange
J) Multiple session groups (MSG)

Michael reviewed the results depicted in each of the intervention tables listed above, A through **J**. Each table lists three columns: 1) the twelve *BRP*s as defined by the Plan, 2) whether or not there is a *Gap* in that specific BRP, and 3) whether there is a *Gap* within the *sub-groups* of that particular BRP. The third column, differentiates the sub-groups by bullets. Michael clarified that although a gap may not be present in the specific BRP, it is possible, as depicted in **Tables F, G**, and **J**, that gaps exist within the sub-groups of that BRP. The reverse is also true, as seen in **Table H,** where a gap does exist in the BRP but not within the specific sub-groups.

Michael added that the Committee had also added a thirteenth row to this last intervention table. After reviewing the literature the Committee had concluded that although there was sufficient research on MSG in *school youth*, but there was a need to focus on behaviors and those youth at highest risk (MSM, MSM/F, or IDU). Many of the school-based studies do not ask questions about the sexual behaviors youth are engaged in, whether because of school policy or because youth are not given an opportunity to report that kind of information in a way that feels safe to them. The Committee felt it was imperative to have behavioral information in order to judge the effectiveness of an intervention. Having completed the review of all of the intervention tables Michael asked whether there were any questions or comments.

COUNCIL RESPONSE TO PRESENTATION

Jennifer commended the Committee for all of its work. She stated that needle exchange differs for different populations, therefore there might be utility in having needle exchange studies that look specifically at certain populations. Colin responded that the Committee had discussed this issue at length. Although unsure of the actual number of studies, he stated that there was at least one study that was specific to gay male injection substance users. Based on the fact that the effects seen from needle exchange were so consistent across the studies, the Committee generalized that it was reasonably well studied. The findings were not very different among the different studies, therefore the Committee made the assumption that it was less likely to be different among the BRP. Michael stated that the needle exchange studies that the Committee reviewed included large numbers of individuals. Mike Pendo added that the Committee was able to make these assumptions because of the large quantity of needle exchange studies that not only documented behaviors but also provided a lot of demographic information. In comparison, the number of studies and the quality of the studies for VBIO were more limited, hence the gaps.

Bill Barnes asked for clarification pertaining to Table G - CTRPN and the gaps identified for the sub-group - Youth under 24 years. Bill noted that he was concerned that there have not been youth specific studies conducted. Colin indicated that the reason for the large number of gaps for Youth under 24 was due in part to a mixture things. Either the studies did not specify the criteria for youth, did not mention age at all, or the site that was selected for the study would select against youth (as opposed to school based studies.) Mike Pendo added that it is conceivable that within the populations studied there is a large youth population, however the behaviors were not reported in these studies, and there were no youth specific studies found. Colin suggested that the Committee consider adding Youth under 24 years to the list of specific global gaps that includes Females who have Sex with Females (FSF) and Transgenders. He explained that no research was found specifically on these populations/sub-groups. He added that this would emphasize the need for a specific study on youth, separate from mixed populations.

Members raised the issue that identified gaps seemed almost unbelievable considering the amount of work being done with specific interventions within certain BRPs. Jimmie was surprised that MSMs represented a gap. Ellen commented that studies with young MSMs indicated that a combination of interventions were effective in changing behaviors. The Committee explained that many of the studies listed more than one intervention and the results did not differentiate between the effectiveness of each intervention. Michael stated that the Committee had categorized those types of studies, multi-pronged interventions, with the intervention that best described the primary intervention of the study.

In response to a member's request for clarification, Colin stated that the Committee specifically looked at research that evaluated the effectiveness of interventions to effect behavior change. The Committee found some biological outcomes but the preponderance of the literature was attitudinal. There were some behavioral short term effects but generally the studies used a proxy measurement.

Tracey noted that it was time to entertain questions from non-Council members (Public Comment section.) The Committee agreed and called on Lyn Paleo. Lyn commended the Committee for the tremendous amount of work that they had completed and suggested that in the future, a copy of the table depicting the studies reviewed by the Committee be made available to Council members. Ellen agreed and suggested that perhaps prior to distributing the Committee's results to the broader community, the Committee consider forwarding a list similar to the above mentioned table, to both the local and national research community (i.e., CAPS, HIV Center in New York, Harvard AIDS Behavioral Research Institute and Jeff Kelly in Madison WI). This would provide the Committee with feedback pertaining to other studies that might have been done and perhaps needed to be considered.

Tracey asked if there were any other questions from non-Council members, there were none. Tracey noted the conclusion of public comment. Jeff Poltl asked for clarification as to what the Council was being asked to vote on today. Colin explained that the Council would be voting in favor of or against the identified gaps in intervention studies listed on the handout. If the Council voted in support of these gaps, the future work of the Committee would include the process of prioritizing those gaps in order to make recommendations for specific intervention studies.

Valerie Kegebein offered a point of clarification. She explained that the prioritized recommendations do not indicate that studies would be done immediately to fill the gaps. The prioritized list would be taken under consideration by the DPH/AO when and if funds were made available for intervention studies.

A motion was made to accept the identified gaps as presented in the Strategic Evaluation document (handout.) There was a second. Tracey facilitated the vote.

In favor:	27
Opposed:	1
Abstain:	1

The motion was approved.

5. EVALUATION
Tracey asked that members take a moment to complete their evaluation forms before the break.

6. BREAK

7. DISCUSSION OF HPPC PLANS FOR 1998
Tracey introduced this agenda item. She explained that the Co-Chairs began discussing the 1998 HPPC plans at a Co-Chair retreat in November of 1997. This retreat resulted in several contractually mandated activities and a list of other potential HPPC tasks for 1998. The Co-Chairs presented these ideas to the Steering Committee a couple of times and engaged in another 'brainstorming' session with that Committee to develop additional ideas. *(The Steering Committee consists of the Council Co-Chairs and the HPPC Committee Chairs: Linkages, Membership, Assessment, and Strategic Evaluation.)*. Tracey summarized some of the activities and ideas that had been discussed so far:

- Review the CDC Application, and vote on a letter of concurrence or non-concurrence.
- Identify sub-populations for funding in the future.
- Conduct a retreat for Council members
- Develop the skill of Council members.
- Develop guidelines for the technical review process.
- Presentations: providers, specific populations, strategies, interventions, and general prevention issues.
- Cultural Competency tool implementation.
- Public Policy, HPPC role.
- Guidelines technical review of proposals.
- Prioritize the intervention level research in the future.

Tracey stated that because the Council has achieved what it needed to achieve for 1997, it is now capable of looking towards new directions and ideas for 1998. She explained that in order to get input from the Council pertaining to the direction and activities of the HPPC for 1998 Council members were being asked

to participate in a 'brainstorming' exercise today. She noted that the Co-Chairs would integrate the results of the brainstorming into planning. She also cautioned that the HPPC may not be able to do everything suggested today.

Council members broke off into five small groups that were led by the following facilitators – Kathleen Roe, Tracey Packer, Ellen Goldstein, Valerie Rose Kegebein, and Lyn Paleo. Groups were asked to list the types of things they wanted the HPPC to do in 1998 to further develop HIV Prevention Planning. The following are the results of the small group discussions that were presented at the conclusion of the brainstorming sessions. (Note: There were no questions or discussion pertaining to any of the five presentations.)

GROUP 1

- Advocacy for increased funding.
- Work w/ schools to ensure HIV Curriculum.
- Work with media for "space" to present HIV prevention messages.
- Re-prioritize populations.
- Develop new intervention modality: "Super CHOWs" -- Rapid Response teams targeting those at highest risk.
- Increase communication between agencies serving high risk populations.
- Develop HPPC presence in the community -- developing relationships' between/among.
- Develop "Policy Arm."
- Organizational development for Council on what planning means.
- Develop review criteria for RFP process.
- More active role in the community -- send members out into the community.
- User friendly CBO services -- actively in the community and more mobile.
- Town Hall meetings on relevant policy issues as a method of public comment. (i.e., Are gay men of color being served?)
- Streamlining -- making paperwork less time consuming, more time for services less time for administration.
- Cultural Competency tool further development.
- Planning with reality based outcomes.
- Learn more about innovative prevention programs.
- Linking prevention to CARE.

From these, the group then came up with the top six. They are:

1) Looking at outcome based planning
2) Learning more about prevention
3) Policy -- taking stands/positions
4) Creating innovative programs
5) Streamlining
6) Improve Community Relations.

GROUP 2 (* level of priority)

- Invite providers to tell us what works, what doesn't. (**)
- Hear information about the results of providers' evaluation studies. (*)
- Disseminate our important findings more broadly (E.G., gaps in behavioral research to funders.) (*)
- Develop literature on prevention in different languages (Posters/brochures)

GROUP 2 - Continuation

- Develop more extensive definitions for Strategies and Interventions.
- Get information on and *maybe* comment on state/national policy.
- Keep an eye on, get Information on, and *maybe* comment on SF political issues if there is not a conflict of interest.
- Get results of Behavioral Risk Assessment.
- Make co-factors of equal importance as BRP in prioritization.
  Council conduct community forums in San Francisco (and getting information at the same time).
- Cultural Competency tool and the Strategic Evaluation next steps.
- Looking at the practicality of putting all of the HPPC recommendations into the RFP -- are we asking too much; what TA will be needed for them to do their proposals.
- See data from Commercial Sex Workers (compile information into a report).
- Start collection of incidence rates for sub-populations in anticipation of new RFP -- along with identification of sub-populations.

GROUP 3

1) HPPC more community friendly/accessible:
- Through integration, participation, and inclusion of Council in the AO prevention monitoring process.

2) As HPPC team:
- Become the first stop/main stop for new treatment/research projects/studies. (i.e., TG, Detuned, PEP.)
- Request more easily understood materials and background for presentations. Done in a way (Presentation & Procedures) that the HPPC can better assimilate, etc. Such as the Transgender Community Health Project study presentation.
- View/experience well-done documentary or videos pertaining to HIV/AIDS/Health/Prevention, etc. Not just paper and lecture, interactive.
- Presentations (Council 'peer' review) during studies, not just at the end or beginning, more as on-going interactive process reports.

3) Better/main focus on youth.
- Task Force
- Additional funding
- Policy statements

4) Ethics in prevention/public health.
5) Doing or looking at a survey of ethnographic research.

GROUP 4

PROCESS IDEAS

Δ. Greater link between the community at large. Learning about what is happening in the broader communities and conversely educating those not affiliated with specific agencies about the HPPC.
- Distribute minutes as requested.
- Presentations.
- Council member interview/report.

Δ Advertise meetings and publicize the plan.
- Bay Area Reporter (BAR), SF Weekly, Radio, bus stops, signs, posters, newsletters, HPPC members inviting/bringing a person (in rotation) to attend council meetings. More representation/lay people in public comment.

Δ Bringing on 12-18 year olds on Council - Sunnydale

GROUP 4 - Continuation

Δ Provide a format for presenting -- so presenters know HPPC's purpose and intent; reduce intimidation by getting information in advance.

Δ More presentations from CBOs/Agencies doing something new, include clients in these presentations.

- CSW - how to get in to do intervention.
- What incentives agencies use.

Δ Involved in some capacity in all monitoring. Include report on non-compliance.

Δ Are HPPC members bringing Council information back to their agencies?

CONTENT IDEAS

Δ More tech transfer to on-line staff.

- Epi 101
- HPPC sponsor in-services in agency to develop consistent prevention messages or spins on prevention messages that could be used across agencies.

Δ Prioritizing psychosocial co-factors to risk:

- SES
- Depression
- Substance abuse

Δ Information/slide shows/educational: outreach, sexual behavior needle use substance use -- who's using what, etc.

Δ Glossary for Orientation packet.

Δ What trainings are available so HPPC members are resources for information.

GROUP 5

1) Agency progress reports/feedback.
2) Network with other Planning Council's
3) Establish Policy Committee
4) Communication with:
   - Front-line staff
   - Clients
   - HIV research community
   - Educators, clinicians, service professional and providers
   - Youth, Schools, and youth organizations.
5) Closure on the NTFAP/NAAP issue. (follow through with decisions made by Council.)
6) Ensure that Prioritized populations are being served.
7) Community education of HPPC
   - Homeless youth.
   - Commercial Sex Workers (CSW)
   - Females who have sex with Females (FSF)
   - Incarcerated population.
8) Coordination between HPPC and the CARE Council.
9) HPPC Role in Prevention Education
   - Schools
   - Corporations
   - Churches
   - Academics
10) HPPC role in community prevention and planning.

Tracey reconvened the meeting and thanked everyone for their participation. She explained that the Co-Chairs would now take these ideas into consideration while defining the 1998 HPPC tasks. She added that although not all of the ideas listed will be acted upon in the 1998 calendar year, the Co-Chairs will keep them in mind for future years. The Co-Chairs are striving to provide a presentation on 1998 tasks to the Council by the 1/22 HPPC meeting.

8. CLOSURE/EVALUATION

Tracey thanked everyone for their participation and asked that members take a moment to complete their evaluation forms.

Attached to these minutes for all members:

- Invitation to the "VIRAL BRIDGES: Current Aspects of HIV Prevention in the Bay Area Conference" at Sonoma State University, in Rohnert Park, California.
- API Wellness Center job announcements: Community Events Specialist, Vietnamese Health Education Specialist, Chinese Health Education Specialist, Outreach Specialist, and Media Specialist.

Attached to these minutes for absent members:

- Amended Agenda
- Process Evaluation Results and Participant Dialogue boxes from the 12/18 Council meeting.
- "One Less Gun" campaign flyer.
- Strategic Evaluation Presentation Handout

Minutes Recorded by: Amalia Fernandez-Niewendorp, Polaris R & D, Inc.
Minutes Approved by: Ellen Goldstein, Community Co-Chair and Tracey Packer, DPH Co-Chair

HIV PREVENTION PLANNING COUNCIL MEETING

JANUARY 22, 1998
3:00 PM to 5:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**

Ronnie Ashley (Chata)

Ellen Goldstein

Tracey Packer

DOCUMENTS
JAN 20
SAN FRANCISCO
PUBLIC LIBRARY

Please Read and Bring:
Recommendations of the 1997 Assessment Committee (included in this packet)
Overview of Open Meeting Laws (included in this packet)
Minutes from December 11

1. Food/Welcome/Introductions/Announcements	Ellen Goldstein	3:00 - 3:15 PM
2. Old Business: Results of Analysis of Brown Act Applicability Follow-up on Motions Passed 12/11/97 *(includes 10 minutes public comment)*	Tracey Packer	3:15 - 3:30 PM
3. Assessment Committee Report on Resource Inventory and Recommendations for Changes in the Priority-Setting Model (**Final Vote**) *(includes 10 minutes public comment)*	Maria Rinaldi and Mike Pendo	3:30 - 4:30 PM
4. Preliminary Plan for 1998 HPPC Work *(includes 10 minutes public comment)*	Ellen Goldstein	4:30 - 4:55 PM
5. Closure/Evaluation	Ellen Goldstein	4:55 - 5:00 PM

Upcoming Meetings:

HPPC Meeting - Thursday, **February 12, 1998, 3-6** PM, First Unitarian Church 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, **February 26, 1998, 3-5** PM, First Unitarian Church 1187 Franklin Street (@ Geary)

Note: All HPPC Meetings are open to the public and are held in handicapped accessible facilities.

RECOMMENDATIONS OF THE 1997 ASSESSMENT COMMITTEE

This document first states the Assessment Committee's recommendation for revising the priority-setting model, then summarizes the committee activities that lead to the development of that recommendation, and the committee's ideas for follow-up tasks.

RECOMMENDATION:

a. The Assessment Committee recommends the prioritization of BRP by incidence rates (number of estimated new HIV infections for each BRP divided by the total estimated number of new HIV infections in San Francisco in a 12 month period).

b. The priority-setting matrix will also contain information on other relevant factors such as estimates of population size (for both HIV-positive and HIV-negative persons) and prevalence rates for each BRP.

c. The Assessment Committee recommends that the criteria for resource allocation should consider population size, acknowledging that population size based on census information understates the size of many groups critical to the HIV epidemic such as undocumented residents and homeless persons.

A sample matrix is attached at the end of this document, showing the estimates of population size, prevalence and incidence based on the 1997 HIV Prevalence Consensus Meeting. Some behavioral risk populations are clustered together in this sample matrix, and we hope that the AIDS Office will be able to provide estimates for each of the 12 behavioral risk populations.

ACTIVITIES THAT LEAD TO THE DEVELOPMENT OF THE RECOMMENDATION:

The Committee met 18 times during the year. The key tasks assigned to this committee were to update the resource inventory and review and adjust the Priority-Setting Model if needed.

- **Update the Resource Inventory**
  The Committee reviewed the model and format for the 1998 Resource Inventory, prepared by staff of the AIDS Office. The Committee made suggestions and encouraged AIDS Office staff to complete the Inventory for presentation to and feedback from the Council in January.

- **Review and adjust the Priority-Setting Model**
  This is the task that has been the focus of the Committee's work for much of the year.

Committee members engaged in many activities to complete this task. The steps taken by the committee to complete this task are outlined below.

a) ***Review the 1997 Priority-Setting Model.*** Members received presentations from the past HPPC Co-Chairs of the Council which originated the model (Dr. Cynthia Gomez and Kerrington Osbourne); with the Co-Chair of the Council that developed the model (Ana Claire Meyer); with the Committee Chair of the committee that used the model for resource allocation (Jimmie Naritomi); and with the technical support provider who researched the model.

b) ***Assess the model in terms of what should be kept, what should be abandoned, and what should be added.*** After several discussion meetings, the Committee decided to keep some form of a matrix, and to find ways to bring the issues of co-factors and co-variates to the forefront of the model (rather than only in the proposal review criteria).

c) ***Determine a method for dealing with co-factors/co-variates in the model.*** The Committee invited guest speakers Dr. Rafael Diaz and Dr. Dennis Osmond of the Center for AIDS Research (CAPS) to discuss ways in which co-factors/co-variates could play a more central role in the model and to provide opinions about the use of population size, frequency of risk behavior, and prevalence in the matrix. Based on this information, the Committee decided that sub-populations--defined by combinations of co-factors and/or co-variates--would be identified within each behavioral risk population (BRP); these are groups determined to have particularly high needs for HIV prevention services. The sub-populations would be identified by committee work the year prior to the release of the RFP(s), and the RFP would list these as groups for whom funding is ensured.

d) ***Seek information about ways to improve the model's scientific validity from behavioral scientists, mathematic modelers, and epidemiologists.*** The Committee asked the technical support consultant to interview scientists about how to use prevalence and incidence in the matrix. After receiving the feedback, the Committee invited Dr. McFarland and Dr. Porco of the AIDS Office and Dr. Kahn of UCSF to present and discuss opinions about prevalence and incidence.

e) ***Determine what components should be included in the matrix.*** The committee discussed information presented by the researchers and voted to use incidence and not prevalence as the guiding element in the model. Specifically, the Committee decided to use incidence percentage to total incidence (the percent of expected new cases of HIV for each BRP divided by the total number of expected new cases of HIV in the city). Additionally, the Committee decided that population size and prevalence should be listed in the matrix, but not used directly for prioritization or resource allocation.

FOLLOW-UP TASKS:

The committee identified several tasks that logically follow from its work. Some of these tasks were initially assigned to the committee, but time did not permit their completion, others of the tasks flow from the recommendations made by the committee. These follow-up tasks are presented below; the Co-Chairs have been appraised of these follow-up tasks during their discussions of 1998 Council activities.

- **Develop and apply criteria for identifying sub-populations that should be ensured funding.**
  In the decision to revise the priority-setting model, the committee decided that, prior to the release of an RFP, the HPPC would identify sub-populations within each of the BRPs that should be ensured funding. In order to do so, criteria must be adopted by the Council for identifying these high-need populations. Examples of criteria include: disproportionately high risk for HIV; historically fewer services; barriers to developing adequate services. A future committee or task force will develop and apply criteria approved by the Council to identify and list the sub-populations to be ensured funding.

- **Consider how the model guides resource allocation recommendations of the Council.** The committee considered a recommendation about what percentage of funds let in an RFP should go to how many of the highest-prioritized BRP. For example, 75% of funds to the top 3 groups, or 90% of funds to the top 8 groups. Upon reflection, the committee decided that this task was best completed by a committee working in time closer to the release of an RFP.

- **Develop guidelines for the technical review of proposals.** The committee began working on guidelines for the technical review of proposals. Several drafts were written and discussed. However, more time is needed to complete this task than is available.

- **Consider the number of Behavioral Risk Populations.** In the first year of HIV prevention planning, the HPPC developed the paradigm of 12 behavioral risk populations. However, the committee suggests the need to re-consider this and increase or reduce the number to reflect the role of persons who have sex with both sexes but identify as either straight or gay. A handout depicting several options was discussed by the Committee, but not recommendation formed.

Priority-Setting Model, 1998

6 BRPS USED BY THE CONSENSUS MEETING	Population Size Total	Pop Size HIV -	Pop Size HIV +	Prevalence No.	Prevalence Percent	Incidence No.	Incidence Percent
MSM-IDU, MSM/F-IDU	4,100	2,665	1,435	1,435	10%	53	11%
MSF-IDU	8,500	7,650	850	850	6%	76	15%
FSM-IDU, FSF/M-IDU, FSF-IDU	4,500	4,050	450	450	3%	41	8%
MSM, MSM/F	39,000	27,300	11,700	11,700	78%	283	57%
MSF	250,000	249,825	175	175	1%	15	3%
FSM, FSF/M, FSF	300,000	299,675	325	325	2%	31	6%
Adults, adolescents	**606,100**	**591,165**	**14,935**	**14,935**	100%	**499**	100%
Infants/children	105,000	104,935	65	65		1	
Total	711,100	696,100	15,000	15,000		500	

City and County of San Francisco

Department of Public Health

HIV PREVENTION PLANNING COUNCIL (HPPC)

DATE: January 15, 1998

TO: HPPC Members

FROM: Tracey Packer, DPH Co-Chair

RE: "Overview of Open Meeting Laws" (Attached)

Please review the attached document, "Overview of Open Meeting Laws," developed by the Office of the City Attorney. This document briefly outlines the requirements of the Brown Act which we will be discussing at our meeting on January 22, 1998. Please bring the document with you to the meeting.

If you have any questions, please call me at 554-9992.

AIDS OFFICE

25 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102 - 6033

415 - 554-9000
FAX 415 - 431-7547

City and County of San Francisco

Office of the City Attorney

LOUISE H. RENNE
City Attorney

AMY S. ACKERMAN
Deputy City Attorney

DIRECT DIAL: (415) 554-9742

TO: HONORABLE COMMISSIONERS AND BOARD MEMBERS

FROM: AMY S. ACKERMAN
Deputy City Attorney

DATE: SEPTEMBER 16, 1997

RE: OVERVIEW OF OPEN MEETING LAWS

INTRODUCTION

The Brown Act

The Brown Act (Government Code sections 54950 et seq.) is the state law governing the conduct of city and county commissions, boards, councils and committees. The Brown Act refers to these bodies as "legislative bodies." In passing the Act, the Legislature declared that these bodies "exist to aid in the conduct of the people's business. It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly." (Govt. Code section 54950.)

The Sunshine Ordinance

The Sunshine Ordinance (San Francisco Administrative Code Chapter 67) is a City law, enacted in December of 1993, that governs the conduct of City commissions, boards and committees.[1] The Sunshine Ordinance refers to these bodies as "policy bodies." The Sunshine Ordinance builds additional provisions onto the Brown Act to ensure that decisions made by boards and commissions are made openly and with the public's participation.

Basic Provisions

The Brown Act and Sunshine Ordinance provide the public with access to and the opportunity to participate in decisionmaking by ensuring that:

1) commissioners discuss items and make decisions only at meetings open to members of the public;

[1] The San Francisco Housing Authority, the Redevelopment Agency, the San Francisco Transportation Authority, the Community College District and the San Francisco Unified School District are not required to comply with the Sunshine Ordinance.

2) members of the public have notice of meeting times and locations;
3) members of the public have notice of the items of business commissioners will discuss and vote on at each meeting;
4) members of the public have the right to address the commission before it makes a decision;
5) members of the public have the right to comment on any matter within the subject matter jurisdiction of the commission.

Both the Brown Act and the Sunshine Ordinance have many detailed provisions. This memorandum is designed to be a broad overview of the open meeting laws and address the areas most likely to be of concern to commissioners.

WHAT IS A MEETING?

The Brown Act and Sunshine Ordinance apply to all "meetings" of legislative bodies. Under the more expansive language of the Sunshine Ordinance, a meeting occurs whenever a majority of the members of a policy body come together at the same time and place. A meeting occurs even where no action is taken.

Seriatim Meetings

Even if a majority of the members of a commission are not present in one place at one time, an unlawful meeting may take place. Unlawful meetings can occur by telephone or through an intermediary. A meeting may occur when one member telephones a majority of the members to discuss a departmental action. A meeting also occurs when a staff member of a commission telephones a majority of the members to obtain their approval of a departmental action. The Attorney General has referred to this process of consulting individually with several members in turn, outside of a noticed public meeting, as a "seriatim meeting." A seriatim meeting is unlawful, because it denies the public access to the information presented to and decision-making of the commission.

Thus, a majority of commissioners may not meet in person outside of a noticed and public meeting to discuss an item of business. Similarly, a majority of the commission may not discuss, by telephone or through an intermediary, any item of business outside of a public meeting.

Social Occasions

Under the Brown Act, a purely social gathering of a commission is not a meeting. However, social gatherings are subject to certain

provisions of the Sunshine Ordinance. The Sunshine Ordinance provides that a "meal gathering" of a commission before, during or after a meeting is considered to be part of that meeting. Thus, such a gathering is subject to all of the applicable notice and agenda provisions of the Sunshine Ordinance. The public must be permitted to hear and observe the discussion of the members. In addition, the "meal meeting" may not be conducted in restaurants or other accommodations that require a payment to gain access.

Social, recreational or ceremonial occasions sponsored by or organized by or for a commission must be open to the public. No notice, agenda, or public comment is required at such an occasion. However, the commission must provide the time, place and nature of the gathering to a member of the public who inquires about the gathering.[2]

MEETING NOTICE REQUIREMENTS

Regular Meetings

All commissions must establish by ordinance, resolution, motion, or bylaws, the time and place for holding regular meetings.

Special Meetings

A special meeting is any meeting held at a time or place other than the regular meeting time or place. A special meeting may be called at any time by the presiding officer (i.e. chair or president) or a majority of the commission members.

Notice of a special meeting must be delivered personally, or by mail to each commission member, and each newspaper, radio and television station requesting notice, at least 24 hours in advance of the meeting. The notice must specify the time and place of the meeting. If a special meeting is held at an alternative meeting place, the Sunshine Ordinance requires a commission to give notice at least 15 days in advance of the special meeting.[3]

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[2] The Sunshine Ordinance refers to these provisions as "passive meeting" requirements. Other gatherings subject to these provisions are advisory committees created in writing by the initiative of a member of a policy body, the Mayor, the City Administrator, or a department head.

[3] If a meeting is held in the same building, but in a different room number, the 15 day notice provision does not apply.

AGENDA REQUIREMENTS

Posting Requirements

The agenda must be posted in a location freely accessible to the public. San Francisco has designated the Main Library as its official posting site.[4] In addition, the agenda should be posted at the commission's office and meeting site.

For regular meetings, the agenda must be posted at least 72 hours before the meeting. For special meetings, the agenda must be posted at least 24 hours before the meeting.

Content

Each agenda must contain a brief general description of **each item** of business the commission will consider, whether or not it intends to take action on the item. The description must be "sufficiently clear and specific to alert a person of average intelligence and education whose interests are affected by the item that he or she may have reason to attend the meeting or seek more information on the item." In addition, the agenda must inform the public that it will be allowed to comment on **every item** on the agenda, regardless of whether it is an action item.

Action under the agenda

Generally, a commission may only act on or discuss items that have been posted on the agenda. Commission members may, however, respond to statements made or questions asked by the public. Commissioners must take care to ensure that their responses do not become a discussion of the issue. In addition, under very limited emergency circumstances, a commission may act on items not listed on the agenda. If this problem arises, please contact the City Attorney's Office for assistance.

RIGHTS OF THE PUBLIC

Public Comment

Each commission must allow members of the public to speak before or during the discussion of or action taken on **any item** on the agenda. This requirement ensures that the public has an opportunity to address the members of the commission before the commission makes a decision. In addition, each commission must allow members of the public to speak on any item within the jurisdiction of the

[4] Two copies of the agenda must be provided to the Government Information Center at the Main Library.

commission, even if it does not relate to any agenda item. A member of the public need not identify her or himself when speaking.

Limits on Public Comment

Both the Brown Act and the Sunshine Ordinance allow commissions to adopt reasonable regulations regarding public comment, including limiting the time each speaker may speak. Under the Sunshine Ordinance, however, each member of the public who so desires must be allowed to speak on an item. A commission may place reasonable limits on a speaker's time.[5]

Right to Agenda Materials

Members of the public are entitled to receive copies of meeting agendas and other documents provided to commissioners, at the same time those materials are made available to the commissioners. However, members of the public are not entitled to any documents not subject to disclosure to the public under the Public Records Act.

CLOSED SESSIONS

Under extremely limited circumstances, a commission may hold a closed session to discuss certain items of business. Most often, closed sessions are held under the personnel, pending or threatened litigation, and real estate negotiation exceptions. There are stringent procedural requirements that must be followed before and after a closed session is held. Accordingly, please contact the City Attorney's Office if you are contemplating holding a closed session.

PENALTIES FOR VIOLATING THE BROWN ACT

The Brown Act provides several remedies for violations of the Act.[6]

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[5] The Sunshine Ordinance, like the Brown Act, provides that a commission may adopt reasonable regulations limiting the total amount of time allocated for public comment on particular issues and for each individual speaker. The Sunshine Ordinance, unlike the Brown Act, adds that "Each policy body shall adopt a rule providing that each person wishing to speak on an item before the body at a regular or special meeting shall be permitted to be heard once for up to three minutes." We have concluded that the Sunshine Ordinance requires a commission to permit each individual so desiring to speak on an issue. However, a commission may limit each speaker to under three minutes.

[6] The Sunshine Ordinance provides no penalties for violating its provisions.

Willful Violation A Misdemeanor

Each commissioner who attends a meeting of a commission where an action is taken in violation of the Brown Act and where the member intends to deprive the public of information to which the public is entitled, is guilty of a misdemeanor.

Invalidation of Action

A court may declare an action taken in violation of certain provisions of the Brown Act null and void. Any interested person may file such an action.

Declaratory Relief

A court may issue an injunction or declaratory relief to stop or prevent violations or threatened violations of the Brown Act. Any interested person may file such an action.

Attorneys Fees and Costs

The Brown Act provides that where the court finds that a commission has violated the Act, it may award attorneys fees and court costs to the plaintiff who brought the action. The City, rather than the commissioners, must pay the cost. Thus, a Brown Act violation may be quite costly to the City.

Until they become used to operating under the open meetings laws, new commissioners often find the procedures required by the laws to be cumbersome. It is important to remember that the purposes of these laws are to ensure that the citizens of San Francisco have access to and participate in the decisions commissioners make that affect San Franciscans.

We hope you have found this information to be helpful. Please feel free to call me if questions arise during your tenure on your commission or board.

A.S.A.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

January 12, 1998

Please address reply to the undersigned at:

DEPARTMENT OF PEDIATRICS
SAN FRANCISCO GENERAL HOSPITAL
1001 POTRERO AVENUE, MAIL STOP 6E
SAN FRANCISCO, CALIFORNIA 94110
Tel: (415) 206-8361
Fax: (415) 206-3686

HIV Prevention Planning Council members
San Francisco, CA

Dear HPPC members:

As you have heard, we are sponsoring a conference on HIV prevention interventions in the current context of the changing HIV epidemic in the Bay Area to be held in the Commons on the Sonoma State University campus in Rohnert Park on Saturday May 2, 1998. We encourage you to participate either as part of the HPPC or as representatives of your service agency or community. This conference is funded by the AIDS Clinical Research Center of the University of California, hosted by California State University, and is a collaborative project between members of the faculties of Sonoma State University and the University of California, San Francisco. We expect an audience of approximately 100-200 conference registrants, including university students, HIV providers, prevention services organizations, public health officials, and other interested parties.

The conference will include a series of lectures, panels, and small group discussions, additional time for questions and informal contact with the speakers and panelists. Lunch is included in the registration fee, as is a reception following the conference. We are encouraging speakers to stay for lunch to promote further discussion. Later in the afternoon there will additional time for discussion and questions at a reception sponsored by the conference. We hope that you might be able to attend this as well.

I enclose the schedule of the conference and the registration form. I would encourage you to register prior to the conference to facilitate our planning and to ensure adequate space and food. We also encourage service agencies to provide us with information to be distributed to conference participants, and if possible to staff an information table during the early afternoon.

We look forward to your participation. We will be in contact with you soon in regard to directions, parking, and other conference details.

Regards,

John Colin Partridge, MD, MPH
Associate Clinical Professor, Pediatrics
University of California, San Francisco

Robert E. McNamara, Ph.D.
Assistant Professor, Political Science
Sonoma State University

Sonoma State University
University of California, San Francisco

VIRAL BRIDGES: current aspects of HIV prevention in the Bay Area

May 2, 1998
Rohnert Park, California

Program:

8:30 - 9:00	Registration and continental breakfast
9:00 - 9:30	Keynote address: ***"State of the epidemic"*** Dr. Paul Volberding, San Francisco General Hospital AIDS Oncology Service
9:30 - 10:30	Panel: ***Women and HIV*** Speakers: Molly Cooke (UCSF), Cheri Pies (UC Berkeley, Contra Costa Maternal Child Health), Trisha Lester (UCLA), Face to Face, Maureen Shannon (BAPAC), Ellen Goldstein (CAPS), Rebecca Dennison, Sonoma Pt.
10:30 - 10:45	Coffeebreak
10:45 - 12:00	Panel: ***Gay men and HIV prevention*** Speakers: HPPC/HPPG service providers, Dr. Robert Frascino
12:00 - 1:00 pm	Lunch Film:
1:00 - 2:15 pm	Panel: ***Substance abuse and the interface with HIV prevention efforts*** Topics: *Multiple diagnosis patients, Speed/crystal, Youth* Speakers: DAAC, HPPC/HPPG, John Newmeyer
2:15 - 2:30 pm	Coffeebreak
2:30 - 3:00 pm	Invited speaker: ***"HIV prevention in an era of treatment"*** Dr. Sandra Hernandez San Francisco Foundation Ex-Director of Department of Public Health
3:00 - 4:00 pm	Panel: ***Community education, social marketing, and outreach*** Topics: *Post-exposure prohylaxis, Protease inhibitors, Student curricula, Marketing the message* Speakers: Dr. Joshua Bamberger (AIDS Office, SF),
4:00 - 5:00 pm	Concluding statement Reception

Conference focus

The primary goal of this conference is to provide the opportunity for public health officials responsible for HIV prevention, community service providers, and the public to meet to discuss effective collaboration in HIV prevention efforts. The conference will detail the challenges to HIV prevention efforts for Bay Area residents and providers in the face of the changing AIDS epidemic by means of lectures, panels, and small group discussions.

Conference sponsorship

AIDS Clinical Research Center, University of California

How to register:

Complete the registration form below, choosing one of the following ways to register prior to the conference:

FAX: 707-664-3920

MAIL: Mail your registration form with payment to:

Conference
Department of Political Science
Sonoma State University
Rohnert Park, CA 94928

Information on this conference and registration can be obtained by calling:
Michael Kiraly at 707-664-2179.

Registration fees: (payable to the Sonoma State University by check, or cash)

Registration fees include continental breakfast, luncheon, refreshments, conference attendance, and conference documents.

Pre-registration	*(prior to April 1, 1998)*	*$15*
Registration	*(April 1-20, 1998)*	*$25*
On-site	*(after April 20, 1998; does not include lunch)*	*$15*

California State Students (student I.D. required)	*$15*
PWA's, senior citizens	*free*

*Name*_____

*Address:*_____

_____

_____

_____

*Telephone:*_____

Registration option:

O	*Pre-registration*	*(prior to April 1, 1998)*	*$15*
O	*Registration*	*(April 1-20, 1998)*	*$25*
O	*On-site*	*(after April 20, 1998; does not include lunch)*	*$15*

O	*California State Students (student I.D. required)*	*$15*
O	*PWA's, senior citizens*	*free*

Method of payment: *O Cash*

☐ Check # _____ Bank _____

Refund policy: IF YOU SHOULD NEED TO CANCEL YOUR REGISTRATION, PLEASE NOTIFY OUR REGISTRATION ASSISTANT AS SOON AS POSSIBLE. Your refund will be processed after a $10 processing fee is subtracted. You may substitute another person from your organization at no additional charge.

730 Polk Street, Fourth Floor
San Francisco, CA
94109

ASIAN & PACIFIC ISLANDER WELLNESS CENTER
COMMUNITY HIV/AIDS SERVICES

Voice: (415) 292-3400
Fax: (415) 292-3404
TTY: (415) 292-3410

Job Posting: Community Events Specialist

Agency Description:

The Asian & Pacific Islander Wellness Center is a community based organization providing support services and HIV/AIDS prevention education to the Asian & Pacific Islander (API) communities in San Francisco.

Job Description:
The Community Events Specialist will work as part of the Asian and Pacific Islander Wellness Center's Intervention Specialist Team and larger Prevention Education Team, which conducts peer-based education to halt the spread of HIV and STDs, in particular, among gay, bisexual, queer and questioning Asian Pacific Islander men and their partners. The Community Events Specialist will be responsible for the coordination of all venue-based group outreach interventions/performances in our primary outreach venues. Some weekend and evening hours are required.

This position is also responsible for recruiting, training, and supervising the activities of Community Events peer educators who provide services within the API communities in the San Francisco Bay Area.

Hours:	40 hours per week (1.0FTE)
Salary:	$25,000 - $27,000 annual full time equivalent, plus benefits
Reports to:	Prevention Associate Program Director

Major responsibilities:
- Coordinate the agency's Rubber Club Program.
- Coordinate and implement community events primarily for Prevention and as needed for agency-wide events.
- Assist in contract monitoring and compliance for group outreach interventions.
- Collect data and information, writes summary reports and documentation according to program guidelines and contract requirements.
- Recruit, train, supervise and assess Community Events peer educators in prevention performances and group outreach methodologies
- Provide one-on-one peer counseling and information & referrals
- Participate on the Prevention Education Team.
- Participate in team meetings, community outreach plan, community events, and other activities as required.

Minimum Qualifications:
- Community outreach and event organizing experience working with Asian and Pacific Islander MSM, MSM&W and MSM IDU/IHU.
- Working knowledge of theater/performing arts.
- Experience and knowledge of gay, bisexual, queer and questioning A/PI men's subculture.
- Self starting, self-motivated, and able to work within a team.
- Comfortable discussing issues of sex, HIV and AIDS, and other related issues.
- Strong organizational and documentation skills.
- High School graduate or equivalent.

Preferred qualifications:
- Working knowledge of health education/prevention education theory.
- Knowledge and experience working in HIV/AIDS and/or health services.
- Experience working with people living with HIV or AIDS
- Preferred fluency in at least one Asian or Pacific Islander language.
- Macintosh computer literate

Cover letter and resume by January 31, 1998 to:

Asian & Pacific Islander Wellness Center
Human Resources
Community Events Specialist Position
730 Polk Street, 4th Floor
San Francisco, CA 94109

730 Polk Street, Fourth Floor
San Francisco, CA
94109

ASIAN & PACIFIC ISLANDER WELLNESS CENTER
COMMUNITY HIV/AIDS SERVICES

Voice: (415) 292-3400
Fax: (415) 292-3404
TTY: (415) 292-3410

Job Posting: Vietnamese Health Education Specialist

Agency Description:

The Asian & Pacific Islander Wellness Center is a community based organization providing support services and HIV/AIDS prevention education to the Asian & Pacific Islander (API) communities in San Francisco.

Job Description:

The Health Education Specialist provides street outreach, education, information & referrals, and client advocacy for Vietnamese men who have sex with men, including Vietnamese gay/bisexual men and their partners. The Health Education Specialist will be responsible for program development, program implementation, and community organizing for the Vietnamese gay/bisexual mens communities. This position is also responsible for recruiting, training, and supervising the activities of peer educators who provide services within the Vietnamese communities in the San Francisco Bay Area.

Hours:	40 hours per week (1.0FTE)
Salary:	$24,000 - $26,000 annual full time equivalent, plus benefits
Reports to:	Community Organizing Coordinator

Major responsibilities:

- Coordinate AIDS/HIV-related outreach, prevention education, referrals, and client advocacy for Vietnamese men who have sex with men, including Vietnamese gay/bisexual men, and their partners
- Assist in the development of peer leaders and leadership in the Vietnamese gay/bisexual mens communities
- Assist in community-building efforts in the Vietnamese gay/bisexual/queer communities
- Recruit, train, supervise and assess Vietnamese peer educators
- Develop, implement, and facilitate workshops
- Develop and implement community events
- Provide one-on-one peer counseling and information & referrals
- Participate on the Community Program Team and the Prevention Education Team
- Participate in team meetings, community outreach plan, community events, and other activities as required

Minimum Qualifications:

- Fluent in reading, writing, and speaking Vietnamese
- Strong interpersonal and communication skills, both one-on-one and in groups
- Comfortable discussing issues of sex, HIV and AIDS, and other related issues
- Experience working with Vietnamese gay/bisexual mens communities
- Proven project management and/or group facilitation skills
- Self starting, self-motivated, and able to work within a team
- Strong organizational and documentation skills
- High School graduate or equivalent

Preferred qualifications:

- Knowledge and experience working in HIV/AIDS and/or health services
- Experience working with diverse Vietnamese communities (eg co-gender, multi-generational, multi-lingual/cultural)
- Experience working with people living with HIV or AIDS
- MacIntosh computer literate
- Internet saavy

Cover letter and resume by January 31, 1998 to:

Asian & Pacific Islander Wellness Center
Human Resources
Vietnamese HES Position
730 Polk Street, 4th Floor
San Francisco, CA 94109

730 Polk Street, Fourth Floor
San Francisco, CA
94109

ASIAN & PACIFIC ISLANDER WELLNESS CENTER
COMMUNITY HIV/AIDS SERVICES

Voice: (415) 292-3400
Fax: (415) 292-3404
TTY: (415) 292-3410

Job Posting: Chinese Health Education Specialist

Agency Description:

The Asian & Pacific Islander Wellness Center is a community based organization providing support services and HIV/AIDS prevention education to the Asian & Pacific Islander (API) communities in San Francisco.

Job Description:

The Health Education Specialist provides street outreach, education, information & referrals, and client advocacy for Chinese men who have sex with men, including Chinese gay/bisexual men and their partners. The Health Education Specialist will be responsible for program development, program implementation, and community organizing for the Chinese gay/bisexual mens communities. This includes coordination of the gay/bisexual Chinese men's group, "Lavender Dragon Society," including: drop-in groups, workshops, socials, and special projects. This position is also responsible for recruiting, training, and supervising the activities of peer educators who provide services within the Chinese communities in the San Francisco Bay Area.

Hours:	40 hours per week (1.0 FTE)
Salary:	$24,000 - $26,000 annual full time equivalent, plus benefits
Reports to:	Community Organizing Coordinator

Major responsibilities:

- Coordinate Lavender Dragon Society programs: drop-in groups, workshops, socials, and special projects
- Coordinate AIDS/HIV-related outreach, prevention education, referrals, and client advocacy for Chinese men who have sex with men, including Chinese gay/bisexual men, and their partners
- Assist in the development of peer leaders and leadership in the Chinese gay/bisexual mens communities
- Assist in community-building efforts in the Chinese gay/bisexual/queer communities
- Recruit, train, supervise and assess Chinese peer educators
- Develop, implement, and facilitate workshops
- Develop and implement community events
- Provide one-on-one peer counseling and information & referrals
- Participate on the Community Program Team and the Prevention Education Team
- Participate in team meetings, community outreach plan, community events, and other activities as required

Minimum Qualifications:

- Fluent in reading, writing, and speaking Chinese
- Strong interpersonal and communication skills, both one-on-one and in groups
- Comfortable discussing issues of sex, HIV and AIDS, and other related issues
- Experience working with Chinese gay/bisexual mens communities
- Proven project management and/or group facilitation skills
- Self starting, self-motivated, and able to work within a team
- Strong organizational and documentation skills
- High School graduate or equivalent

Preferred qualifications:

- Knowledge and experience working in HIV/AIDS and/or health services
- Experience working with diverse Chinese communities (eg multi-generational, multi-lingual/cultural)
- Experience working with people living with HIV or AIDS
- MacIntosh computer literate and internet saavy

Cover letter and resume by January 31, 1998 to:

Asian & Pacific Islander Wellness Center
Human Resources
Chinese HES Position
730 Polk Street, 4th Floor
San Francisco, CA 94109

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ASIAN & PACIFIC ISLANDER
WELLNESS CENTER
COMMUNITY HIV/AIDS SERVICES

Volce: (415) 292-3400
Fax: (415) 292-3404
TTY: (415) 292-3410

Job Posting: Outreach Specialist

Agency Description:

The Asian & Pacific Islander Wellness Center Is a community based organlzation providing support services and HIV/AIDS prevention education to the Aslan & Pacific Islander (API) communities in San Francisco.

Job Description:
The Outreach Specialist will work as part of the Asian and Pacific Islander Wellness Center's Intervention Specialist Team and larger Prevention Education Team, which conducts peer-based education to halt the spread of HIV and STDs, in particular, among gay, bisexual, queer and questionlng Asian Pacific Islander men and their partners. The Outreach Specialist will be responsible for the coordination and compliance of all venue-based individual outreach in our primary outreach venues. Some weekend and evening hours are requlred.

This position is also responsible for recruiting, training, and supervising the activities of Outreach peer educators who provide services within the API communities in the San Francisco Bay Area.

Hours:	40 hours per week (1.0FTE)
Salary:	$24,000 - $26,000 annual full time equivalent, plus benefits
Reports to:	Prevention Associate Program Director

Major responsibilities:
- Coordinate venue-based individual outreach for MSM prevention programs.
- Co-coordinates community events primarily for Prevention and as needed for agency-wide events.
- Assist in contract monitoring and compliance for venue-based individual outreach interventions.
- Collect data and information, writes summary reports and documentation according to program guidelines and contract requirements.
- Recruit, train, supervise and assess Outreach peer educators in venue-based individual outreach methodologies.
- Provide one-on-one peer counseling and information & referrals
- Participate on the Prevention Education Team.
- Participate in team meetings, community outreach plan, community events, and other activities as required.

Minimum Qualifications:
- Experience and knowledge of gay, bisexual, queer and questioning A/PI men's subculture.
- Self starting, self-motivated, and able to work within a team.
- Comfortable discussing issues of sex, HIV and AIDS, and other related issues.
- Strong organizational and documentation skills.
- High School graduate or equivalent.

Preferred qualifications:
- Working knowledge of health education/prevention education theory.
- Knowledge and experience working in HIV/AIDS and/or health services.
- Experience working with people living with HIV or AIDS.
- Preferred fluency in at least one Asian or Pacific Islander language.
- Macintosh computer literate.

Cover letter and resume by January 31, 1998 to:

Asian & Pacific Islander Wellness Center
Human Resources
Outreach Specialist Position
730 Polk Street, 4th Floor
San Francisco, CA 94109

730 Polk Street, Fourth Floor
San Francisco, CA
94109

ASIAN & PACIFIC ISLANDER
WELLNESS CENTER
COMMUNITY HIV/AIDS SERVICES

Voice: (415) 292-3400
Fax: (415) 292-3404
TTY: (415) 292-3410

Job Posting: Media Specialist

Agency Description:
Asian & Pacific Islander Wellness Center is a community based organization providing support services and HIV/AIDS prevention education to the Asian & Pacific Islander (API) communities in San Francisco.

Job Description:
The Media Specialist is responsible for coordinating the development, delivery and evaluation of the **HIV Testing and Resource Public Information Campaign** targeting Asian and Pacific Islander (API) and Filipino men who have sex with men, and men who have sex with men and women. This Bay Area wide media campaign focuses on overcoming barriers to HIV testing and accessing existing health education and risk reduction group and individual level services.

Hours:	20 hours per week (.5 FTE)
Salary:	$ 25,000 - 27,000
Reports to:	Associate Program Director for Prevention Education

Major Responsibilities:
- Initiate press releases and press contacts, and conduct press conferences and press interviews with Filipino, API, and gay media sources.
- Work with community media sources, gatekeepers, health educators, service providers, and target audience members, to develop, pretest, and deliver media interventions.
- Coordinate the placement of display ads, Public Service Announcements, and feature stories with Filipino, API, and gay media sources.
- Convene and facilitate focus groups to pretest messages and materials.
- Document and report campaign project.
- Lead the evaluation process of the efficacy of the public information campaign.
- Other responsibilities as assigned by the Associate Program Director

Minimum Qualifications:
- At least two years of experience conducting media relations, facilitating focus groups, developing message content or designing educational material.
- Excellent written and verbal communication skills.
- Macintosh literate: Word, Filemaker Pro, QuarkXpress.
- Highly organized, self-starting, self-motivated, and able to work within a team.
- High School graduate or equivalent.
- Ability to work with diverse communities, e.g. co-gender, multi-generational, multi-lingual/cultural, queer, etc.

Preferred Qualifications:
- Working knowledge and experience in Prevention Marketing Theory.
- Knowledge and experience working in HIV/AIDS and/or health services.
- Experience and knowledge of gay, bisexual, queer and questioning A/PI's mens subculture.
- Experience working with people living with HIV or AIDS.
- Fluency in at least one Asian or Pacific Islander language.

Send Cover Letter and Resume by January 31, 1998 to:

Asian & Pacific Islander Wellness Center
Human Resources
Media Specialist Position
730 Polk Street, 4th Floor
San Francisco, CA 94109

DPH

HIV PREVENTION PLANNING COUNCIL (HPPC)
Minutes for January 22, 1998

2
3
22/98

* Please note in your calendar any of the following meeting times that apply to you: *

HPPC:	Thurs., Feb. 12, 3-6 p.m. at the First Unitarian Church
	Thurs., Feb. 26, 3-5 p.m. at the First Unitarian Church
New Member Orientation:	Thurs., Jan. 29, 1998, 3-5 p.m. at the AIDS Office

Members Present:

Ronnie (Chata) Ashley
Marcos Bañales
Bill Barnes
Elizabeth Davis
Ellen Goldstein
Dredge Byung'chu Kang
Valerie Kegebein
Sacul L'Adnbre
Jennifer Lorvick
Sonja Mackenzie
Byron Mason
Helen Miramontes
Askia Muhammad
Shawn O'Hearn
Henry Ocampo
Tracey Packer
J. Colin Partridge
Jeff Poltl
María Rinaldi
Steven Sams
Steven Tierney
John Blake West
A. Toni Young

Members Absent:

Barbara Adler
Michael Bogan
Manny Dacalanio
Michael Discepola
Brenda Escobar
José Ramon Fernandez-Peña
Jelousy Jiggetts
John Newmeyer
Dawn Passar
Nashanta Stanley
Renee Williams

Leave of Absence:
Jimmie Naritomi

Guests:
Tamara Ching, Southeast Asian Community Center.
Cynthia Laird, BAR
Hank Wilson, ACT UP Golden Gate

Harder + Co./Polaris, Inc.:
Emily Coles, Polaris Inc.
Amalia Fernandez-Niewendorp, Polaris Inc.
Rick Green, Harder + Co
Lyn Paleo, Harder + Co.

Process Evaluation Team:
Kevin Roe

AIDS Office Staff:
Delia Garcia
Mike Pendo

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1. FOOD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS

Ellen convened the meeting shortly after 3:00 p.m. Council members and guests present introduced themselves. Ellen welcomed the group, noted that because this is a two hour meeting with a full agenda there will be no break, and called for announcements.

Announcements

Member Absences

- The following members informed the council Co-Chairs of their absence in advance of this meeting: Barb Adler, Manny Dacalanio, Mike Discepola, Brenda Escobar, John Newmeyer, and Jose Ramon Fernandez-Peña. Tracey announced that Dave Hubbard will only be attending the first meeting of each month from this point forward. Also, Jimmie Naritomi has been granted a three month leave of absence and will be with the council at the end of April.

Bill Barnes

- Bill Barnes distributed an issue of the publication *Reality*, which highlights World AIDS Day.

Steven Sams

- Steven Sams announced that the Plus Seminars will be holding a fundraising event at the San Francisco Eagle on Saturday, January 24, beginning at 8:00 p.m. Entry is $6 per person.

Shawn O'Hearn

- Shawn O'Hearn distributed a flyer regarding a community-based organizations' fair at City College. The entry deadline is February 1 and those interested can RSVP with Shawn.

Kevin Roe

- Kevin Roe informed the council that Kathleen Roe could not attend this meeting, and noted that the results which have been distributed include only comments from around the table, although comments received on the form from guests and AIDS Office staff were also shared with the Co-Chairs. Anyone interested in reviewing all of the written comments can get them from Kevin.

Sonja Mackenzie

- Sonja announced that the HIV/AIDS Prison Project run by Catholic Charities is undergoing a financial crisis and may need to close. She cited the recent BAR article entitled Call to Action, which asked community members to seek fundraising tactics to save this program. Those with ideas can call (510)834-5656.

Byron Mason

- Byron invited all youth present to a party for lesbian, gay, bi, transgender and otherwise questioning youth under 24 years old, which he will be holding in San Rafael on January 31. Contact Byron for further information.

Ellen Goldstein

- Ellen announced that on January 23 Mary Jane Rotheram-Borus, a researcher at UCLA, will be giving a talk at CAPS on reducing risk acts and improving health among youth living with HIV. Flyers outlining when and where this talk will occur, and some information about Dr. Rotheram-Borus, have been distributed and all are invited to attend.

Tracey Packer

- Tracey passed around a sign-up sheet for council members who are interested in joining contract monitoring teams but have not yet been invited to do so.

2. OLD BUSINESS

Tracey reviewed the issue currently facing the HPPC regarding violation of the Brown Act.
After the December 11 council meeting a call was made to the City Attorney's office claiming that the council had violated the Brown Act at that meeting. Since that time the City Attorney has been investigating this allegation and the council's responsibilities regarding the Brown Act. The Brown Act is a state law which requires that meetings of legislative bodies be accessible to the public. This week the AIDS Office received the results of the City Attorney's investigation, but can not divulge them in detail at this point due to the fact that this is an open meeting, and confidentiality regulations preclude the sharing of that information with the public. However, the bottom line is that it is not definitive whether the HPPC is required to comply with the Brown Act. Because there is evidence indicating both that the Brown Act could and could not apply to this body, it has become a policy decision which the AIDS Office and HPPC can make jointly.

In order for the HPPC to make a sound, well-informed decision regarding its compliance with the Brown Act, the City Attorney has been invited to its February 12 meeting to discuss the issue and answer questions. Due to the confidentiality regulations involved in client-attorney privilege, it is suggested that the section of that meeting involving the legal issue be closed to the public. Once questions are answered regarding the legal issues, the meeting will be re-opened, public comment will be allowed, and discussion and voting will occur with the public present. At that time the council will decide whether to adopt the Brown Act as one of

its governing policies, and whether the votes taken at the December 11 meeting should be repeated or left as they currently stand.

Questions and Discussion

Maria asked for clarification on whether, since the AIDS Office and HPPC are the clients, they have the right to forego the confidentiality clause of client-attorney privilege if desired. Tracey said that that is true, however the entire client group must agree to do so. At the February 12 meeting one of the issues discussed will be the impact of breaking confidentiality.

Maria observed that, because the HPPC has not specifically been following the Brown Act, it has probably violated it many times in the past. She noted that this body differs from the CARE Council (to which the act does apply), in that its members are not appointed by the mayor. However, the HPPC *is* politically connected to the city, which confuses the issue of which laws apply to this body. Therefore, the discussion on February 12 should not focus solely on the Brown Act, but the entire legal definition of the HPPC. Furthermore, if adoption of the Brown Act is for the HPPC to decide, then the decision should be based on what enables it to serve the community best in terms of accountability, community involvement, etc., not just the impact which the decision will have on the council. Lastly, Maria expressed the opinion that no part of any HPPC meeting should be closed to the public, including a discussion with its attorney.

Tracey responded that the session with the City Attorney will be an opportunity for council members to clarify the legal definition of the HPPC.

Toni requested that the City Attorney's written response to the Brown Act question be distributed to council members. Tracey replied that the original response was addressed to the AIDS Office, but a response will also be mailed to HPPC members as well. Toni asked if the version made available to members will differ in any way from that written to the AIDS Office. Tracey said that the only difference will be to whom it is addressed.

Regarding Maria's opinion that the discussion with the City Attorney should be open to the public, Tracey explained that the reasons to keep it closed have to do with the ways in which information shared could be used by someone outside the HPPC.

Dredge asked what decisions were made on December 11 that may have to be re-voted, and whether old issues which were not addressed according to Brown Act regulations could be returned to the council if it chooses to officially adopt the act. Tracey suggested that his second question be asked of the City Attorney. She explained that the votes in question from December 11 were the decisions for HPPC members to join monitoring teams of local programs; and to do an assessment of prevention programs for Latino, African American, Native American and Asian Pacific Islander men who have sex with men.

Hank Wilson, of ACT UP Golden Gate, urged the council not to spend too much time deliberating about the Brown Act, its legal ramifications etc., but to simply decide what governing policy best suits this body and the community it serves. That policy may be the Brown Act, or may be an alternative to it, but it is certain that whatever is adopted must protect the credibility of this body.

Steven Sams asked if the uncertainty of the HPPC's obligation to the Brown Act stems from the fact that it is an advisory board. Tracey replied that the issue is more complicated than that. Steven expressed agreement with Hank's comment.

Bill expressed the opinion that closed session legislative meetings are cause for concern, and the HPPC has no secrets from the community it represents. He would therefore be unable to support a closed session with the City Attorney, regardless of confidentiality rights. Tracey reiterated that the meeting will only be closed while the HPPC consults with its attorney on the legal issues surrounding adoption of the Brown Act. Actual discussion and voting will occur with the public present, and public comment will be invited before the vote. By way of further explanation of the need for a closed session, Tracey explained that information imparted could conceivably be used to sue the city, which would result in a large and unnecessary expenditure of city funds. She expressed her personal opinion that the session should be closed in order to avoid that possible occurrence.

Tamara Ching, of the Southeast Asian Community Center, expressed strong discomfort with the idea of a closed session for this body. She recalled the January 21 meeting of the Finance Committee, at which both sides of the issue at hand were well represented. However, that representation came from CBO's, board directors, etc., and not the clients of the agencies present. She explained that the Sunshine Ordinance provides public access to meetings, but also to recordings of meetings, records and other information regarding the issues discussed, and this is the community's best insurance for accountability. Tax-payers should have the right to access all information regarding the organizations which they fund. In closing, Tamara recalled that at a recent HPPC meeting a Co-Chair did not allow her to speak during public comment due to a lack of time, which she felt was a violation of the Sunshine Ordinance. She also expressed the opinion that she contributes more to the process and discussions of this council than some of the council members themselves, and as a member of the public her contribution should be sought out and appreciated.

Maria reiterated her discomfort with the idea of holding a closed session, particularly if the reason is to avoid being sued. She noted that if someone finds reason to sue this body they should be given the opportunity to do so.

Tracey noted that time does not permit her to outline the impacts that adoption of the Brown Act would have on the HPPC, as planned, but the memo which was mailed to council members summarizes them. She noted that this body has always operated in accordance with the passive meeting requirement of the Sunshine Ordinance in that public comment is always scheduled and the agenda, minutes and attachments are available to the public. Tracey thanked those present for their participation in this discussion and closed the issue until February 12.

3. ASSESSMENT COMMITTEE REPORT

Assessment Committee Recommendations for Changes in the Priority-Setting Model

Ellen introduced the committee and explained that for the past year it has been working on the priority-setting model and resource inventory.

Maria presented and explained the following information using overhead projections:
Assessment Committee objectives for 1997:

- By 5/31/97, evaluate the RFP process from 1996 and make written recommendations to the AIDS Office for improvement.
- By 7/31/97, review the 1996 priority-setting process and recommend changes accordingly to the AIDS Office and to the HPPC.

Assessment Committee tasks for 1997:

- Review the RFP process, including the review of the proposals. Review the Roles and Responsibilities recommendations on the resource allocation. Based on these reviews, make recommendations to further refine the resource allocation process.
- Review and adjust the priority-setting model. (this turned out to be the most challenging and time consuming of the committee's tasks).

In its initial review of the priority-setting model the committee members identified several concerns relating to its structure and content, which are as follows:

- too much weight given to prevalence data
- sub-populations highly impacted by co-factors are not included in the ranking
- quantitative and qualitative measures (prevalence and population size scale, respectively) are mixed
- applicants have to write up a behavioral risk score
- there is a minimum risk score of 100 points, which providers must reach in order to be eligible

Maria reviewed that the last priority-setting model contained four phases:

Phase I: Frequency and risk of behaviors; average frequencies of unprotected sex and relative risk for specific behaviors.
Phase II: Prevalence and population size; risk score and ranking 1-12
Phase III: Description of co-factors; (pages 284-365 of manual) what is the connection between co-factors? How does it raise risk? Who has it? (e.g. alcohol, poverty, social support, homelessness, jail, STD, abuse, poppers, etc.)
Phase IV: Application of co-factors and other criteria; (pages 534-535 of manual) resource allocation recommendations: describe co-factors in group. How your intervention will address the co-factors. Risk score for group. For providers to make the transition from BRP to target group.

According to this model, once a provider passed phases I and II in the matrix it was the responsibility of that provider to show that the co-factors listed in the plan actually describe the needs/issues of the target population.

Next Maria displayed an overhead of phases I and II of the matrix. The phase I chart is a grid which lists the fifteen identified risk behaviors, with their correlating relative risk scores, along the top, and the twelve behavioral risk groups along the side. The list of relative risk scores for each BRP is then tallied and, in phase II, combined with the prevalence and population score to give a final phase II total number. These numbers are used to rank the BRPs.

In an effort to better understand the matrix, and how the concerns it generated could be addressed, the Assessment Committee invited several speakers to its meetings. These speakers included Cynthia Gomez, Kerrington Osbourne, Dr. James Kahn, Willie McFarland, Travis Porco, Dennis Osmond and Rafael Diaz, who were asked how to best structure the matrix, and what information it should contain. The general consensus between those consulted was that prevalence should be removed from the matrix and replaced with incidence, because estimates of incidence indicate future trends in the epidemic, and are based in part on prevalence data.

Maria displayed an overhead of the Assessment Committee's proposed model, a product of the 1997 Consensus Meeting, which shows, for each BRP, the total population size, HIV- and HIV+ population sizes,

and incidence and prevalence by number and percent. The grid shown includes only six behavioral risk populations, which Maria explained is because the information contained was taken from the Consensus Meeting, not because the committee recommends reducing the number of BRPs. The fact that the numbers used come from the Consensus Meeting generated some concern in the committee because this meeting does not occur every year, which means that the same information will be used for more than one year. However, the researchers asked all felt that yearly updates are not necessary due to the directional stability of the HIV epidemic in San Francisco. Maria explained that the prevalence was left in this graph for the readers' edification, but will not be included in the calculation used to rank the BRPs.

The next overhead compared the differences between the current matrix and that proposed by the Assessment Committee:

Current Priority-Setting Matrix	*Proposed Priority-Setting Model*
Uses BRP	Uses BRP
Matrix includes: frequency of behaviors and relative risk of each behavior prevalence population size score	incidence
Sub-populations at especially high risk (highly impacted by co-factors) are not in the matrix.	Sub-populations at especially high risk (highly impacted by co-factors) will be identified within each of the BRPs in the matrix.
No mention of prevention targeting HIV+ and HIV- persons	Priority for there to be prevention specifically for HIV+ and HIV- persons
At least some funding to all BRPs	At least some funding to all BRPs
No recommendation that highest ranked BRP receive a higher proportion of funds	HPPC recommends higher ranked BRPs receive more funding and will specify that the highest several groups get a specified percentage of funds
Minimum risk score developed by provider	No minimum risk score
Applications that describe the target populations highly impacted by co-factors are rated higher	Applications that describe the target population impacted by co-factors are rated higher

Maria explained that the committee recommends a task force be created to identify the sub-populations at especially high risk for each year's prioritization process. This point was added to the matrix in recognition of the fact that the demographics of the epidemic are changeable, and should be re-studied annually to ensure that the most at-risk groups are targeted.

Toni asked at what point in the proposed matrix the sub-populations come into play. Maria replied that prior to the RFP release the sub-populations will be studied and guidance given to the AIDS Office regarding which groups to stress in the RFP and insure adequate funding for, to be superimposed on the previously-determined BRP ranking. Valerie clarified that the sub-population identification process will occur in conjunction with the AIDS Office staff.

Jennifer asked why population size was removed from the BRP ranking, and noted that such a system would seem to favor small populations. John replied that population size will appear in the priority-setting process

to advise resource allocation, but could not be included in the ranking calculation in a defensible way without including all the other factors as well.

Colin asked if it is possible to use both incidence and prevalence in the matrix. John explained that prevalence contributes to the estimation of incidence, and therefore is contained within incidence, and therefore the use of both would cause duplication of that data. The committee tried to use both data sets, but all the researchers consulted said that there is no defensible way to combine the two.

Steven Sams expressed the opinion that prevalence, incidence and population size should be included in the matrix to some capacity. He also expressed skepticism regarding the efficacy of the Consensus Report, and suggested that incidence and prevalence be closely tracked over time to assess their reliability. In addition, the Consensus Report does not acknowledge the populations of people who have remained HIV- for years and are now tired of the vigilance it requires and beginning to engage in risky behaviors. Finally, Steven noted concern regarding the collapsing of the twelve BRPs into six. Maria reiterated that the Assessment Committee did not intend to suggest that the number of BRPs should be reduced, but had simply used the six recognized by the Consensus Meeting to create the sample table for this presentation.

Bill noted that according to the table presented there is a category entitled adults/adolescents, which should be split into two groups in recognition of the important differences between those populations. Maria replied that that category was also taken from the Consensus Meeting for the purposes of presenting this sample matrix, and would not be grouped that way by the HPPC. Valerie noted that the overhead presented of the proposed model was only intended to demonstrate the format to be used, not the categories to be employed in that format. She suggested that the council proceed with a vote on the proposed model.

Steven Sams asked to what the "minimum risk score" refers on the table above. Maria explained that providers were required to reach at least 100 points in their risk tally from phases I and II in the current matrix.

Next Maria presented a list of priority-setting issues to be considered in the next steps:
1. Specific HIV prevention for HIV+ and HIV- persons.
2. BRPs ranked based on incidence.
3. Identify sub-populations within each BRP that should be ensured funding (based on co-factors and increased risk).
4. Public input into prioritization.
5. HPPC review recommendations and adopt priorities.

Follow-up Tasks
John explained that the amount of work which was originally assigned to the Assessment Committee was far more than it could accomplish in one year, and presented the follow-up tasks which it identified for a future committee or task force:

- Develop and apply criteria for identifying sub-populations that should be ensured funding.
- Consider how the model guides resource allocation recommendations of the Council.
- Develop guidelines for the technical review of proposals.
- Consider the number of Behavioral Risk Populations.

Regarding the number of BRPs, John noted that one example of a grouping that may need to change is the BRP entitled MSM/F, which does not account for the differing risk levels between men who are *primarily* MSM and those who are *primarily* MSF.

Discussion and Vote

Tamara Ching, of the Southeast Asian Community Center, commended the Assessment Committee on their work and articulate presentation.

Ellen expressed strong support for the proposed priority-setting model, noting that it combines the rigid system previously employed with a more detailed, case-by-case approach similar to that used in the prioritization used for Supplemental Funding.

Bill also expressed support for the proposal. His only concern is the removal of population size because if the direction is to fund only the top three or four Behavioral Risk Populations in the ranking, and those BRPs represent relatively small populations, then the bulk of funding will go to few people. Maria replied that use of population size in the calculation of ranking can create a disadvantage for large populations. For that reason population size will not be included in a quantitative way, but will be tracked and considered in funding amounts. One of the Assessment Committee's recommendations also includes the careful consideration of undocumented populations, which are excluded from population size estimates.

Dredge noted that the prevention planning processes used in other cities are all different, and suggested that the HPPC try to foster greater flow of information between cities for the purpose of comparing processes.

Hank Wilson, of ACT UP Golden Gate, informed the council that new technology is making it possible to ascertain who is seroconverting, where and possibly when. The model should include a means by which technologies, phenomena, etc., which may not have effected the community at the time of the Consensus Report, can be included and considered in the prioritization process. He also noted that many prevention methods effect both HIV+ and HIV- people, and in such cases the council should not try to force a separation in the name of serving both groups.

Colin commented, regarding the follow-up tasks presented, that although the model should guide the resource allocation the change from a funding cut-off method to one of more proportional funding should be discussed because it will have significant effects if less funding becomes available.

Sonja asked where the Assessment Committee got the incidence numbers presented. Maria replied that they were taken from the Consensus Meeting, which combines the knowledge of researchers in many HIV-related fields to create the best scientific estimates available. Sonja asked if the numbers presented, which were generated at the 1997 Consensus Meeting, will be used in the prioritization process. Valerie explained that the most recent numbers will always be used (at this time they are those from 1997), but the numbers will be revised in the advent of emerging trends.

Toni asked how the task force which will examine co-factors will be created, and from what pool of people. Maria replied that the task force will be composed of HPPC members. Toni asked how the demographics of that group will be determined. Maria explained that, as for any task force, all council members will be invited to join. However, if there is concern regarding the demographic representation among those who express interest then a mechanism will be created to diversify the group.

Steven Sams expressed the opinion that because priority-setting is the most important task of the HPPC, the entire council should be involved in that process, rather than a representative group. Maria noted that examination of co-factors was listed as a follow-up task, and as such was not specifically outlined by the Assessment Committee. Nor does its mechanism need to be determined at this meeting because it is not included in the current proposal.

Bill reiterated his concern regarding the grouping of adults and adolescents in the Consensus Report data, and asked if approval of the proposed model includes approval of the use of that data, or simply the model itself. Valerie explained that the vote on this model includes use of the Consensus Report data, but further data will also be collected and used.

Lyn Paleo said that the Assessment Committee's recommendation is that a future task will be to identify the criteria to be used in examining sub-populations.

Maria clarified that the vote at hand includes only the priority-setting format proposed by the Assessment Committee, which mainly includes the use of incidence to rank Behavioral Risk Populations.

Ellen noted that the intent of the behavioral risk assessments which were funded in the past year was to give providers information about their target populations, which may fill in gaps found in sources such as the Consensus Report.

Maria thanked the Assessment Committee members and support staff for their work over the past year.

Toni moved to approve recommendations a. through d., as currently written, from the document entitled Recommendations of the 1997 Assessment Committee. The motion was seconded. Ellen facilitated the vote.

In favor:	20
Opposed	0
Abstain:	1

The motion was approved.

Resource Inventory Presentation

Ellen informed the council that the next item on the agenda--Preliminary Plan for 1998 HPPC Work--has been postponed in order to allow the Assessment Committee adequate time to present, and recalled that the Assessment Committee recently allowed postponement of a presentation it was scheduled to give.

Mike Pendo explained that the Resource Inventory shows prevention funding broken down according to the BRPs, demographic groups, intervention types and providers which receive it, and how much they receive. This information, collected prior to the 1997 RFP, is presented in chapter seven of the HIV Prevention Plan. Mike distributed copies of the updated Resource Inventory, and displayed an overhead projection which lists its sources of information:

- Information for all AIDS Office funded providers is collected from their contract with the AIDS Office.
- Information on Interventions and Behavioral Risk Populations is collected from provider contracts with the AIDS Office.
- Information for CDC direct funded organizations was collected from the CDC.
- Information on race/ethnicity is taken from sociodemographic forms which all AIDS Office funded agencies must fill out.

The next overhead listed limitations:

- It was not possible in many cases to break out specific funding for individual Behavioral Risk Populations.

- Sometimes it was necessary to cluster the Behavioral Risk Populations for providers who target multiple Behavioral Risk Populations.
- Some BRPs targeted by providers were easily clustered *e.g. injection drug users (BRP #1, #2, #3, #5, and #8)*
- Other BRPs targeted by providers did not cluster easily and were put into the other category *e.g. agencies serving FSM-IDUs and MSMs.*
- Race and Ethnic Breakdowns of clients served are based on self-report from agencies for the previous year.
- The percentages are not based on who is currently being served by the agency since we do not have this information yet.
- However, they should give a fairly accurate picture of who is being reached.
- Exact funding for youth was difficult to determine.
- Many agencies have youth components or serve clients who are 18 years and older. The exact number of youth under 24 served by these providers or the funding amount reaching this population is not specified in the contract.
- It is likely that our funding for youth is underestimated (low).

Mike reviewed the handout entitled Funding by Agency, noting that the co-variates and co-factors listed in the final column were taken directly from the AIDS Office contracts, many of which do not specify that information.

Dredge asked if any information is available on prevention funding through federal agencies other than the AIDS Office and CDC. Mike replied that this year that information was not collected, but will be in the future. Valerie reminded the council that many funding sources do not categorize their funding the way the AIDS Office and HPPC do, which makes it complicated and difficult to find data which can be used in conjunction with AIDS Office and HPPC information.

The next handout reviewed was Funding by Intervention, followed by Funding by Behavioral Risk Population. Mike noted that funding amount is not included in the latter of these, and explained that it was not possible to break the numbers out according to BRP due to the clustering of agencies' target populations.

Next Mike reviewed the handout entitled Estimated Funding by Behavioral Risk Populations (BRPs) or BRP Clusters. Jennifer asked if the funding for any one program was included in the total funding amounts for more than one BRP cluster. Mike replied that each program was only counted in one cluster.

The next table reviewed was entitled Estimated Funding by Race/Ethnicity. In response to a question concerning the "other" category, Mike explained that this is a category used by providers in their reports to the AIDS Office. We have no way of knowing exactly who the providers put in this category, but assume it includes those who did not self-disclose. He then reviewed the table entitled Estimated Funding by Intervention.

The final table presented was entitled Funding for Youth, which was followed by pie charts of funding by intervention and by race/ethnicity.

Maria said that the council should vote on the Resource Inventory format which was presented, and if any discrepancies are found in the actual data contained then they can be corrected later.

Bill motioned to approve the format which Mike presented for the 1997 Resource Inventory. The motion was seconded and Tracey facilitated the vote.

In favor:	20
Opposed:	0
Abstain:	0

The motion was approved.

4. CLOSURE/EVALUATION

Ellen reminded council members to fill out and return the evaluation form, and introduced Chata for final comments.

Chata informed the council that he will be resigning from the HPPC as of April, 1998, at which time he will leave San Francisco and return home after twelve years of service here. Sometime before his resignation he will formally address the council to say good-bye. Chata urged council members to consider taking his place as a leader to the Prevention Council and the community it serves.

Ellen announced that a farewell party will be held at a council meeting before Chata leaves.

Attached to these minutes for absent members:

- REALITY World AIDS Day 'zine
- Letter and flyer pertaining to the City College of San Francisco CBO HIV/AIDS Prevention Fair
- Process Evaluation Results and Participant Dialogue boxes from the 1/8 Council meeting.
- CAPS Lecture Series information flyer

Minutes Recorded by: Emily Coles, Polaris R & D, Inc.
Minutes Approved by: Tracey Packer, *HPPC Co-Chair*

HIV PREVENTION PLANNING COUNCIL MEETING

FEBRUARY 12, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**

Ronnie Ashley (Chata)
Ellen Goldstein
Tracey Packer

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Please read and bring:

- Agenda
- Minutes of 12/11, 12/18, and 1/8
- This Packet

1. Food/Welcome/Introductions/Announcements	Chata	3:00 - 3:15 PM
2. Review and Approval of 12/11, 12/18, 1/8 and Minutes	Chata	3:15 - 3:20 PM
3. Public Comment	Chata	3:20 - 3:30 PM
4. Preliminary Plans for 1998 HPPC Work *(includes 10 minutes public comment)*	Chata and Tracey Packer	3:30 - 4:15 PM
1. DPH Co-Chair Transition	Tracey Packer	4:15 - 4:25 PM
2. Bylaw Change for Community Co-Chair Eligibility	Chata	4:25 - 4:35 PM
3. Community Co-Chair Nominations	Tracey Packer	4:35 - 4:45 PM
4. Break		4:45 - 4:55 PM
5. Brown Act - Discussion and Vote *(includes 10 minutes public comment)*	Paula Jesson, Deputy City Attorney	4:55 - 5:35 PM
6. Update on Actions from December 11 *(includes 10 minutes public comment)*	Tracey Packer	5:35 - 5:55 PM
7. Closure and Evaluation	Chata	5:55 - 6:00 PM

Upcoming Meetings: ***Note: All meetings are open to the public and are held in handicapped accessible facilities.***

HPPC Meeting - Thursday, **February 26, 1998, 3-6** PM, First Unitarian Church 1187 Franklin Street (@ Geary)
HPPC Meeting - Thursday, **March 12, 1998, 3-6** PM, First Unitarian Church 1187 Franklin Street (@ Geary)

HIV PREVENTION PLANNING COUNCIL (HPPC)
Minutes for February 12, 1998

HPPC:	Thurs., Feb. 26, 3-6 p.m. at the First Unitarian Church, (1187 Franklin St) Thurs., Mar. 12, 3-6 p.m. at the First Unitarian Church

12/98

Members Present:

Barbara Adler
Ronnie (Chata) Ashley
Bill Barnes
Michael Bogan
Manny Dacalanio
Elizabeth Davis
Michael Discepola
Dave Hubbard
Dredge Byung'chu Kang
Valerie Kegebein
Sacul L'Adnbre
Jennifer Lorvick
Sonja Mackenzie
Byron Mason
Askia Muhammad
Henry Ocampo
Shawn O'Hearn
Tracey Packer
J. Colin Partridge
Dawn Passar
Jeff Poltl
María Rinaldi
Steven Sams
Nashanta Stanley
Steven Tierney
John Blake West

Leave of Absence:

Jimmie Naritomi

Members Absent:

Marcos Bañales
Brenda Escobar
José Ramon Fernandez-Peña
Ellen Goldstein
Jelousy Jiggetts
Helen Miramontes
John Newmeyer

Guests:

Cynthia Laird, BAR
Hank Wilson, ACT UP Golden Gate
Kiki Whitlock, A/PI Wellness Center

Harder + Co./Polaris, Inc.:

Emily Coles, Polaris Inc.
Rick Green, Harder + Co
Lyn Paleo, Harder + Co

Process Evaluation Team:

Pali Basi
Ruel Caneda
Kathleen Roe
Kevin Roe

AIDS Office Staff:

Delia Garcia
Mike Pendo

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1. FOOD, WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

Chata convened the meeting shortly after 3:00 p.m. Council members and guests introduced themselves, and Chata opened the floor for announcements.

Announcements

Member Absences

- Tracey announced that the following members informed the Council Co-Chairs of their absence in advance of this meeting: Ellen Goldstein, John Newmeyer, Jose Ramon Fernandez-Pena, Helen Miramontes and A. Toni Young. Dawn Passar will be arriving late.

Lyn Paleo

- Lyn recalled that at its last meeting the HPPC voted on the final 1997 Committee recommendations, and announced that Harder and Co. staff are now working to write the 1997 addendum to the plan, which will include chapters on the Council membership, bylaws changes and Committee information. The deadline for the completion of this document is March 12.

Kathleen Roe

- Kathleen thanked the Council for welcoming her son at its meetings, and explained that he is very interested in the community planning process and has learned a tremendous amount from this body. Secondly, she informed the Council that the process evaluation team

would like to try mailing the meeting analysis/feedback directly to Council members, rather than distributing them at meetings. This would allow members to read the comments sooner, while the meeting is fresh in their minds. She asked if the Council would like Kevin and her to do this. Steven asked if the information could be sent by e-mail as well. Kathleen replied that it could. The Council agreed that e-mail and direct mailing would be helpful.

Valerie Kegebein

- Valerie wished a happy birthday to Barb Adler.

Sonja Mackenzie

- Sonja announced that the AIDS Legal Referral Panel is conducting a survey on healthcare for HIV+ women. Anyone interested in participating can contact her for more information. Secondly, Sonja distributed invitations to a party which she and her partner will be hosting on February 21 to raise funds for the HIV/AIDS in Prison Project. Those who would like to make a donation, but will not attend the party, can mail it to:

HIP Committee/CPF
c/o Judy Greenspan
2489 Mission St., #1128
SF, CA 94110

Mike Pendo

- Mike announced that a list of the articles which were reviewed by the Strategic Evaluation Committee is available at the back table.

Michael Discepola

- Michael announced that he will have to leave this meeting twenty minutes early.

Barb Adler

- Barb announced that Ellen Goldstein was unable to attend this meeting due to a family matter, and she will be acting as Ellen's proxy.

John Blake West

- John informed the Council that he has been granted a leave of absence until the end of March. Next week he will be flying to Paris, where he will spend the next month continuing a study he began last year of gay men in relationships, focusing on sero-discordant relationships.

Tracey Packer

- Tracey announced that Byron Mason will be Toni Young's proxy at this meeting, and noted that both Toni and Ellen submitted their proxy requests in writing, in advance. This is how proxies should be requested, and it is allowable once per person, per quarter.

2. APPROVAL OF MINUTES

Chata explained that the Council minutes to be approved at this time are December 11 and 18, and January 8. He asked if anyone would like to make changes to those sets. Kiki Whitlock noted that she was present on December 18, and asked that that be reflected in the guests attendance roster. Steven Sams observed that the January 22 minutes (which will be approved at a later meeting), contain a recreation of documents which were distributed at that meeting. He asked that

documents distributed not be copied into the minutes in the future because it necessitates careful reading of the minutes to insure that the information presented was copied correctly.

John Blake West moved to approve the minutes of December 11 and 18, and January 8. The motion was seconded, and the minutes approved.

3. PUBLIC COMMENT

Hank Wilson, of ACT UP Golden Gate, cited a new publication entitled "*Investigations into the Needs of Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Youth*", which was developed by the Human Rights Commission. This publication is based on public testimony of youth in San Francisco, and contains information of particular import to older members of the service system, who may be less informed on the current experiences of queer and questioning youth. Hank admonished all agencies to obtain a copy for staff and clients.

Hank also suggested alternates as an option to proxies for absent Council members. He explained that some bodies designate a non-member alternate for each member, who automatically replaces that person when necessary. This method may provide better continuity, and could serve as a mentoring mechanism.

4. PRELIMINARY PLANS FOR 1998 HPPC WORK

Chata recalled that the Council and its Committees have spent a significant amount of time discussing tasks to be undertaken in 1998. These discussions have taken into account CDC requirements, work continuing from 1997, Council structure, etc. The list of suggestions made at the January 8 Council meeting was distributed in the pre-meeting mailing, and Chata noted that over 80% of it is specifically included in the work plan to be presented today.

Tracey reviewed the proposed 1998 work plan and Council structure, as outlined in the document entitled "Preliminary Plans for 1998 HPPC Work". The main theme of the plan is to increase HPPC-community interaction in 1998. Proposed Council structure includes four committees, entitled Outreach, Inreach, Membership and Steering; and task forces entitled Cultural Competency Tool, Priority-Setting, and Evaluation. Additional task forces may be created to address specific issues, as needed.

Maria asked the Council Co-chairs to explain the nature of the proposed Steering Committee. Chata responded that the intent behind this proposal is to extend leadership, and responsibilities which leadership involves, beyond the three Co-chairs. Tracey added that decisions made by that committee would be as binding as those made by Co-chairs.

Sonja asked if the Steering Committee will operate on a consensus model, voting model, etc. in its decision-making processes. Tracey observed that the Council always aims for consensus, but noted that if it can not be reached then the committee could decide to vote. She noted that the Council Co-chairs will continue to meet until the Steering Committee is ready to assume full responsibility of the tasks it is charged with.

Tracey announced that, following discussion of the proposed plan, Council members will complete and return a form developed by Lyn Paleo, which asks which committee(s) and/or task force(s) each member would be interested in joining. She reminded members to consider the amount of time they can spare when filling out the form, and noted that committees will probably constitute a greater time commitment than task forces.

Bill asked how many at-large members the Steering Committee will accept, and how they will be selected. Tracey replied that it will include two at-large members, and a mechanism for their selection has not been chosen. She asked the Council for suggestions. Bill also recalled that in the brainstorming session a task force on youth was suggested, and observed that neither that suggestion, nor the decision regarding needs assessments for gay men of color, are reflected in the proposed plan. Tracey explained that the decision made on December 11 to conduct needs assessments for gay African-American, Native American, Asian/Pacific Islander and Latino men is included in the plan as one of the Evaluation Task Force tasks. A youth-specific body is not outlined here, but each committee and task force can address youth, as applicable to their specific charge. In addition, a youth task force can be created, if the Council as a whole expresses that desire. Bill noted that Brett VanBenschoten, a youth representative to the CARE Council, has suggested creating a youth-focused link between the two bodies. Tracey said that the Council Co-chairs will continue considering ways to address the needs of young people.

Steven Sams noted that he could not support the formation of a Steering Committee unless assured that the AIDS Office staff involved, aside from those who are also Council members, would not vote. Tracey noted that the AIDS Office staff which support committees act as full committee members, so the way in which they act on the Steering Committee will need to be discussed. She added that decisions made by the Co-chair group in the past have not required votes, but may when referred to a larger group. Steven expressed the concern that if the Steering Committee is to be given leadership authority, then the nature of the committee, and how it comes to decisions, should be specifically codified.

Maria noted that it is currently unclear how AIDS Office staff are participating on committees, e.g. are they voting members, non-voting members, etc. This is not always a concern because committees often reach their decisions through consensus, but in cases where voting occurs it is important to clarify the AIDS Office role. Tracey agreed.

Tracey asked if any members of the public wished to speak about the proposed 1998 HPPC plan. None did.

Chata urged Council members to examine the proposed plan carefully, and expressed his confidence in the Council structure and process it outlines, including the Steering Committee.

Steven Sams noted that another issue to discuss is how supplemental funds would be allocated using the proposed Council structure; e.g. by the Priority-Setting Task Force, a specially-created task force, etc. Sonja asked how emergent issues are to be addressed throughout the year using the proposed structure. Tracey replied that the HPPC bylaws specify that an ad-hoc committee can always be created to address issues which arise unexpectedly, or of which the Council was previously unaware.

Bill expressed the fear that many of the ideas generated for future HPPC work were lost in the formation of this plan, and suggested that as committees begin to meet they review the unabridged list of ideas and report back to the Council on which ones they will implement. Tracey expressed support for this idea.

Dawn suggested that a workshop on the plan be held for Council members in the near future.

Lyn Paleo distributed a form for Council members to indicate which committees and/or task forces interest them, noting that members can attend more than one. She asked that they be completed and returned to her or Rick Green as soon as possible. The form will be mailed or faxed to absent members.

In closing, Tracey reminded the Council that community members can be nominated to committees, which may be another way to solicit input from youth.

5. DPH CO-CHAIR TRANSITION

Tracey recalled that in May, 1997, the DPH co-chair to the HPPC, Gene Capello, left the department and Council. Tracey replaced Gene as the interim DPH co-chair until a new HIV Prevention Director was hired and ready to fill the Council position. She announced that as of the March 12 Council meeting she will be turning over the role as co-chair to the new director, Barry Brinkley. Tracey will continue to attend Council, co-chair and Steering Committee meetings until the transition has been comfortably completed.

Chata announced that the March 12 meeting agenda will include his and Tracey's farewell to the Council.

Shawn asked what role Dick Pabich, newly appointed to the Mayor's office staff, will play in this body. Barry Brinkley explained that Dick's job will be to oversee the implementation of the recommendations presented at the Mayor's HIV/AIDS Summit, some of which address prevention planning, and will involve input from this Council. Shawn asked if Dick's position is one of authority over the Council, collaboration with the Council, etc. Barry replied that the DPH already has its structured hierarchy, in which the HIV Prevention Director reports to the Director of Health Promotions and Prevention (Larry Meredith), who reports to the Director of Public Health (Mitch Katz), who reports to the Mayor, through the Health Commission. In terms of authority, Dick Pabich and the HPPC operate within two different systems that have a common interest in HIV prevention, and so will be working in collaboration.

Tracey noted that the Council needs to discuss the Mayor's Summit recommendations, and decide how to address them within the current work of the Council.

6. BYLAW CHANGE FOR COMMUNITY C0-CHAIR ELIGIBILITY

Chata noted that currently the bylaws stipulate that members must be on the Council for at least a year to be eligible for community co-chair. Last year the Council changed the membership section of the bylaws to enable the addition of new members twice per year. This change raised the question whether co-chair eligibility should also be changed to six months of membership. Chata read the proposed language change, as noted on the document entitled "Proposed Bylaw Change" in the pre-meeting mailing.

Sonja asked if the six months necessary for eligibility would include only time as a voting member, or as a non-voting new member as well. Tracey replied that it includes only voting membership.

Maria observed that the Council has changed its practice regarding re-election of co-chairs, which is not currently reflected in the bylaws. She requested that the bylaws be changed to specify that co-chairs can serve successive terms. Tracey agreed with this point, but noted that it can not be voted on at this meeting. This issue will be forwarded to the Membership Committee.

Steven Sams said that the rule that no member is eligible for co-chair until having served one year on the Council was made to ensure that members have adequate experience and knowledge of the process and responsibility involved in chairing before accepting the office. He asked what would be gained by reducing that time to six months, and if the real reason for the change is that parity is being lost Tracey assured him that the reason for this proposal is to better correlate membership

term and timing of new member recruitment with co-chair terms. Thus, this proposal is simply designed to accommodate a previous change.

Bill suggested that the co-chair requirements regarding gender, race, etc. be removed from the bylaws and replaced by a clause on diversity in general. This would show recognition of the fact that there are other issues, such as age and serostatus, which should also be considered in the choosing of co-chairs. He also noted that ability to chair effectively may depend as much on personality as experience, so people should be able to choose whomever they think would fill the position best, not whomever has fulfilled a timing requirement.

Jennifer expressed support for the proposed bylaw change, and noted that it allows greater inclusivity, and shorter-term members may come to the position with greater enthusiasm.

Dredge moved to accept the proposal, as written in the document presented. The motion was seconded.

Barb asked how proxies vote on behalf of the absent members. Tracey suggested they raise both hands, if voting the same way for themselves and the absent member, and one hand twice if voting differently.

Tracey facilitated the vote.

In favor:	19
Opposed:	3
Abstain:	1

The motion was approved.

Tracey requested input from those not in favor of the proposal. Maria explained that she abstained because she could be persuaded by both sides. Steven Tierney expressed the opinion that timing restrictions are artificial because no data show that longer-term members have a greater ability to chair. Bill expressed opposition to imposing criteria, and reiterated his point that the best candidate should win the seat, which is not always the one who fulfills timing criteria.

Tracey thanked the group for their comments, and explained that a time requirement does not aim to exclude people, but to protect them from accepting a responsibility before fully prepared. She distributed nomination forms and a list of the HPPC members who are currently eligible for the community co-chair position, and asked members to return their nominations to Pali or Ruel during the break. Those nominated will be asked privately whether they accept, and information about those who do will be mailed to Council members. The vote for community co-chair will be held February 26. She reminded the Council to strive for diversity in the co-chair group, and that the other co-chairs are Ellen Goldstein and Barry Brinkley.

BREAK

7. BROWN ACT DISCUSSION AND VOTE

Tracey informed the Council that every eligible member was nominated for the community co-chair position.

Tracey reminded the Council that the HPPC has not been operating under the Brown Act, but has been operating under the Passive Meeting requirements of the Sunshine Ordinance. In response to a recent complaint regarding HPPC meeting procedure, the City Attorney investigated the specifics of this body to determine whether it should comply with the Brown Act, and found that it was not

definitive. This finding allows the HPPC itself to decide if it will follow the act. Tracey explained that that decision will be voted upon at this meeting. She called the Council's attention to two documents from the pre-meeting mailing, entitled "What it Would Mean for the HPPC to Comply with the Brown Act" and "Impact of the Brown Act on HPPC Parity, Inclusion, and Representation (PIR) Principles and Guidelines".

Tracey introduced guests Amy Ackerman and Paula Jesson, Deputy City Attorneys, who have reviewed the HPPC case and attended this meeting to answer questions regarding the Brown Act and its implications for the HPPC.

John asked in what ways compliance with the Brown Act would compromise the Council. Paula noted that the biggest change for this body in assuming the Act could be reduced flexibility. For example, the Brown Act states that only issues listed on the meeting agenda may be addressed, meaning that agendas must be developed carefully to reflect all issues for discussion, and emergent topics delayed until subsequent meetings. In addition, public comment must be accepted on every agenda item. Also under the Act, standing committees are required to set regular meeting times and places in order to facilitate public participation. And in full Council meetings no secret ballot votes are allowed under the Brown Act.

Amy noted that the HPPC already complies with most of the Brown Act regulations, so its assumption would primarily effect finer details of operation. Changes to these details may slightly reduce flexibility and efficiency, but increase openness and public participation.

Maria asked about the Passive Meeting Requirements of the Sunshine Ordinance. Amy explained that the Sunshine Ordinance is a city ordinance, not state law, and is less stringent than the Brown Act. It does require that meetings be open to the public, but does not require a scheduled opportunity for public comment, as does the Brown Act. It also does not require that all meetings follow a set agenda, while the Brown Act states that not only must there be an agenda, but it must be posted and available to the public at least seventy two hours before the meeting.

Jennifer asked if the HPPC currently operates in accordance with the Sunshine Ordinance. Amy explained that it operates under the Passive Meeting Requirements, plus a few of its other regulations, but not the entire ordinance.

Bill noted that on occasion a proposal is listed for discussion and vote on the agenda, but evolves into a new and different proposal through the process of discussion. He asked if this process is allowed under the Brown Act. Amy replied that any amendment or new proposal is allowable if it does not diverge dramatically from the topic scheduled. Agenda items should be listed in general enough terms to allow that evolution, while being specific enough to inform the public of the issues to be addressed. Bill asked if topics can be amended in response to issues raised by the public. Amy reiterated that they can, as long as discussion remains within parameters set by the wording of the agenda.

Regarding the Brown Act stipulation that year-long meeting schedules must be made, Sonja asked how that applies in cases where a task force is created mid-year to address an unforeseen issue. Amy explained that that regulation applies only to standing bodies, not temporary ones.

Steven Sams asked if the task forces approved at this meeting would be considered standing bodies, and if the New Members' Committee would have to create a regular schedule. Amy responded that the first question is difficult to answer without more information about the task forces, but any regularly meeting sub-group of the Council is covered by the scheduling regulations. In addition, groups composed of less than a quorum of Council members can not make final decisions regarding Council matters. Steven noted that currently the committees advise the Council, but

never make binding decisions. Amy also reminded the Council that all commissions and boards in San Francisco operate in accordance with these regulations.

Barb asked if proxy voting is allowed under the Brown Act, and if so then what is the procedure. Paula replied that proxy voting has been examined as it pertains to the CARE Council, which follows federal guidelines. She was unsure if the HPPC has the same guidelines, which effect this issue. Tracey said that it does not. Amy noted that a goal of the act is to force/allow decision-makers to receive community input before votes, with which proxy voting is not in keeping. However, effective January 1, 1998, the Brown Act was amended to allow teleconferencing and teleconference voting. This is not allowable under the Sunshine Ordinance, so San Francisco bodies are unable to conduct business by telephone. This amendment was mainly designed for bodies which cover geographical areas larger than San Francisco, and is less important for this area.

Barb asked how "short-term", or "temporary", is defined under the Brown Act. Amy explained that the Act sets no specific time limit on "non-standing" bodies. Nor does it define "standing" committee, although that is generally understood to be one which meets regularly over the course of roughly a year or more, and addresses continuing subject matter. The regulation that groups fitting this description must post their meeting times and locations was created to ensure that legislative bodies do not avoid public input into certain issues by referring them to sub-committees that the community is unaware of.

Tracey reiterated for the Council that the bylaws section on proxy voting would have to be changed in order to bring the bylaws into compliance with the Brown Act.

Colin asked Amy and Paula if they have information on other bodies which have assumed Brown Act regulations, and how they effected management of emergent issues. He observed that particularly the stipulation that agendas for committee meetings be posted seventy two hours in advance could hinder responsiveness to newly arising issues. In addition, for many Council members it may be difficult to develop a year-long meeting schedule for committees. Amy reiterated that all the city boards, commissions, etc., operate under the Brown Act.

Tracey explained that although committees must make year-long schedules under the Brown Act, if the need for an extra meeting arises, then it can be scheduled, as long as it is posted twenty four hours in advance.

Colin asked if there is a liability for the HPPC if it chooses not to follow the Brown Act. Amy replied that the body could be sued, and because there is evidence both for and against the case of HPPC compliance, it would be a close case. If such a case were brought to court, and it were ruled that the HPPC should comply with the Act, then the city (not HPPC members) would have to pay attorney's fees. She noted again that the vast majority of city bodies follow the Brown Act, and although it may at first appear overly restrictive, they are able to conduct their business.

Michael Discepola expressed concern regarding the rigidity of Brown Act scheduling regulations, and asked if the City Attorney's office would be willing to offer guidance on restructuring the HPPC to bring it into compliance, should it choose to adopt the act. Amy and Paula replied that it would.

John asked if the same posting requirements apply to meetings posted seventy two hours in advance and those posted twenty four hours in advance. Amy replied that they do.

Maria asked Dredge if the Los Angeles Prevention Planning Council, of which he was formerly a co-chair, operates under the Brown Act. Dredge responded that it does, and found it not to be overly constraining. He explained that the L.A. Council did not have standing committees, but

posted notices of all temporary committees and task forces in advance. Because posting and publications were handled by the AIDS Office, this did not inconvenience the Council members. Dredge noted that one of the biggest differences for this Council would be in providing opportunities for public comment on every agenda item. He expressed the opinion that in L.A. the increased public involvement improved the Council's process.

Shawn read from the City Attorney document: "In light of the uncertainty, the most prudent course of action would be for the HPPC to comply with the Brown Act and the policy body requirements of the Sunshine Ordinance". He asked if this statement is correct. Amy replied that it is.

Bill noted that the HPPC is an advisory body to the CDC, not a federally-created planning body. Tracey corrected that the HPPC advises the AIDS Office, not the CDC, and has legally binding responsibilities in matters of priority-setting for populations and strategies, and interventions to reach those populations. Bill asked why the HPPC should be held to laws if it was not created by statute. Paula replied that the uncertainty regarding whether it is required that the HPPC comply with the Brown Act stems from terms in the Act which are not clearly defined.

Public Comment

Tracey opened the discussion to public comment. Kiki Whitlock, of the A/PI Wellness Center, advocated for HPPC compliance with the Brown Act as a goodwill gesture to the community it serves.

Kathleen Roe, of the Process Evaluation team, asked if secret ballot votes can be taken for internal procedure issues. She recalled that last year co-chair nominations were taken out loud, and only a few people were nominated. This year they were taken secretly and all those eligible were nominated. This shows that for some votes a secret ballot may liberate members and increase inclusion. Amy replied that formal votes must be taken publicly under the Brown Act, but in cases such as co-chair nominations the Council could create a committee to circumvent that rule and allow members more privacy in their choices. Kathleen asked if "recommendations" could be made secretly, but the vote done publicly. Amy was unsure, but said that there is some legal flexibility in such cases. Kathleen noted that a mechanism needs to be created to make meetings open to the public, while affording members the liberating privacy needed on certain issues. She suggested that if the Council elects to adopt the Brown Act, the Membership Committee could provide a workshop to help members feel more comfortable voting publicly.

Cynthia Laird, of the Bay Area Reporter, requested that a roll-call vote be held for the Brown Act decision, if made at this meeting.

Lyn Paleo, of the technical support staff, observed that the process Kathleen discussed was a nomination process, and asked if it would be treated as a vote under the Brown Act. She also noted that committees usually do not vote, but discuss until an agreement is reached. Would those decisions have to be formally voted upon under the Act? Amy explained that the charter requires roll-call votes be held by all charter-created boards and commissions, and the Sunshine Ordinance requires that the minutes of all charter-created bodies contain the records of those votes. Further requirements are not given in the Brown Act or Sunshine Ordinance regarding roll-call voting. Because committees are not required to keep formal minutes, it can be assumed that they need not hold roll-call votes. Regarding nominations, Amy guessed that it is possible to create a more private mechanism because no formal decision is made in a nomination process.

Dredge noted that the L.A. Prevention Planning Council took co-chair nominations publicly during a meeting, but also by fax to the AIDS Office afterwards. The AIDS Office then compiled the nominations and mailed biographic information on each accepting nominee to Council members. The Council then elected co-chairs in a public vote.

Valerie asked if the Council is required to conduct a roll-call vote for the Brown Act decision. Tracey informed the Council and guests that in a roll-call vote each member's name is called, members respond out loud, and all votes are recorded in the minutes. Amy said that all charter-created bodies are required to vote publicly, but the HPPC is not charter-created. In addition, public voting does not necessarily mean voting by roll-call.

Steven Sams asked if a roll-call vote at this meeting would set a future precedence for the HPPC, and if assumption of the Brown Act by this body sets a precedence for any other group. Amy replied that no legally binding precedence would be set, in either case.

Tracey noted that now that the Council had received information from the City Attorney and heard public comment, it was time to discuss pros and cons of complying with the Brown Act. She asked Council members to address their comments specifically to support of, or opposition to, the proposal to comply with the Brown Act and Sunshine Ordinance. She noted that this agenda item will be extended for the rest of the meeting, and the next agenda item delayed until February 26.

Maria thanked Amy and Paula for their support, and expressed the opinion that this discussion should focus not on the legal ramifications of Brown Act compliance, but on how it would effect this body's accountability to the public. She noted that one way in which the Brown Act would make the HPPC less responsive to the community is by forcing it to meet at the same time and place each month, making it unable to increase accessibility by going to different neighborhoods. Maria also expressed frustration that she was quoted in the Bay Area Reported saying at the January 22 meeting that the HPPC has been illegally out of compliance with the Brown Act for a long time. What she actually said was "*If* the HPPC has been out of compliance...".

Amy noted that meetings can be moved to different locations under the Brown Act, as long as the changes are posted in advance.

Maria observed that strict adherence to the agenda would be another constraint because it hinders immediate responsiveness to issues raised by the public. Dredge responded that delaying discussion of issues raised by the public increases accountability because it keeps the Council from addressing an emergent issue using information from only those community members who attended the meeting. Especially when the issue is contentious, delay and scheduling of a public issue gives more people the opportunity to present their opinions.

John spoke in favor of the proposal to comply with the Brown Act and Sunshine Ordinance.

Jeff expressed the opinion that a roll-call vote on this issue is unnecessary.

Barb agreed that the vote should not be roll-call. On behalf of Ellen she spoke about Ellen's opinion of the Brown Act. Ellen feels that the act is designed in the spirit of inclusion, and the Council already follows many of its regulations in its own attempts at accountability. She is concerned, however, by the rigidity of regulations regarding scheduling, given the often time-sensitive nature of HPPC work. Barb added, as herself, that some of the new members' meetings provide an opportunity for people to talk to one another and become comfortable with fellow Council members, which may be hindered somewhat if those meetings are made public.

Chata expressed the opinion that this body has been very inclusive of the community. He continued that the HPPC has wasted its time on this issue because it is not really about HIV prevention, nor about the issues addressed at the December 11 meeting. He recalled that at that meeting a group requested that the Council make recommendations to the AIDS Office regarding the monitoring and improvement of services for Native Americans, African Americans and Latinos. He expressed support for the proposal to follow the Brown Act, but admonished HPPC members not to forget that December 11 is when the discussion of compliance began. Chata noted

that the act not only holds the Council accountable, but also the community. In closing, he expressed the opinion that the Brown Act issue has been a distraction created by the Bay Area Reporter, and that this body has always strove for accountability to, and inclusion of, its community.

Steven Sams asked if a Council retreat designed solely for members to learn more about each other, and about the Council itself, would have to be open to the public under the Brown Act. Amy replied that it would.

Tracey asked for a straw poll of people who want to conduct a roll-call vote on Brown Act compliance. Paula noted that a roll-call may be unnecessary due to the size of the Council, but each member's vote should be noted. Tracey recalled that for this vote the Council can decide whether to record specific positions because it is not yet operating under the Act.

Sonja suggested that the vote be delayed until February 26 to allow members time to consider the information presented at this meeting.

Tracey took a straw poll of those who would prefer to delay the vote, and those who would rather vote at this meeting. Eight members expressed the desire to vote on February 26, and 12 preferred to hold the vote at this meeting.

Sonja moved to table the issue until the next meeting. The motion was seconded.

Bill noted that the HPPC is already very accountable to the public, and suggested that the vote be delayed indefinitely.

Maria requested that if the vote is delayed until February 26 it be held at the beginning of the meeting so that the Council can move on to other issues. Sonja accepted this amendment.

Tracey facilitated the vote to delay the Brown Act decision until February 26, early in the meeting.

In Favor: 7
Opposed: 12
Abstain: 0

The motion failed.

Bill moved to table the vote indefinitely, until re-raised, and in the meantime the Council's AIDS Office and consultants guide the body in following the spirit of the act. It was seconded and Tracey called for discussion.

Shawn noted that while the Bay Area Reporter maintains a presence at HPPC meetings the issue of Brown Act compliance can not be ignored, and an attempt to do so would result in a protracted battle and reflect badly on this body.

Colin expressed the opinion that since the HPPC already complies with most of the Brown Act, the Council should vote and move on. He also noted that good research and discussion have gone into the issue, and expressed pride in the conclusion which he has come to.

Tracey facilitated a vote on the proposal to table the Brown Act discussion indefinitely, and that the AIDS Office and planning support staff help the Council to comply as much as possible.

In favor: 3
Opposed: 22
Abstain: 0

The motion failed.

John moved that the HPPC comply with the Brown Act and Sunshine Ordinance. The motion was seconded.

Tracey asked for discussion, and there being none, facilitated the vote.

In favor: 12
Opposed: 6
Abstain: 5

The motion passed, and will take effect February 26.

7. Closure/Evaluation

Maria referred to the next agenda item, "Update on Actions from December 11", and asked why the Council should re-address an issue it closed a month ago. Tracey responded that the issue was on the agenda so that the Council could receive and update on the motions it voted on. The decisions made December 11 do not need not to be re-addressed. The update on these actions will be presented on February 26. In closing, she reminded Council members to complete and return their meeting evaluation forms.

Attached to these minutes for absent members:

- Letter addressed to Ellen Goldstein from the University of California
- Travel Scholarship Announcement and Tentative Conference Agenda
- Process Evaluation Results and Participant Dialogue Boxes from the 1/22 Council Meeting
- Draft list of articles used in gap identification of intervention-level studies

Minutes Recorded by: Emily Coles, Polaris R & D, Inc.
Minutes Approved by:Tracey Packer and Ellen Golstein

HIV PREVENTION PLANNING COUNCIL MEETING

FEBRUARY 26, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**

Ronnie Ashley (Chata)

Ellen Goldstein

Tracey Packer

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Please read and bring:

- **Agenda**
- **Minutes of 1/22**
- **This Packet**

All Items Include Public Comment

1.	Food/Welcome/Introductions/Announcements	Chata	3:00 - 3:15 PM
2.	Review and Approval of Minutes for 1/22	Chata	3:15 - 3:20 PM
3.	Public Comment	Chata	3:20 - 3:30 PM
4.	Updates: Needs Assessment National Task Force on AIDS Prevention - Program Monitoring and Stakeholders Meeting	Tracey Packer	3:30 - 3:50 PM
5.	Discussion of Mayor's Summit Prev. Recommendations	Ellen Goldstein	3:50 - 4:35 PM
6.	Break		4:35 - 4:45 PM
7.	Committee & Task Force Assignments for 1998	Ellen Goldstein/Chata	4:45 - 5:30 PM
8.	Committee Co-Chair Elections	Ellen Goldstein	5:30 - 5:45 PM
9.	Closure and Evaluation	Chata	5:45 - 6:00 PM

❀❀❀ *UPCOMING MEETINGS* ❀❀❀

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, **March 12, 1998, 3-6** PM, First Unitarian Church 1187 Franklin Street (@ Geary)
HPPC Meeting - Thursday, **March 26, 1998, 3-6** PM, First Unitarian Church 1187 Franklin Street (@ Geary)

HPPC Member Retreat - Thursday, **April 16, 1998, 12:00 (noon) - 5:00** PM

SF DPH

DRAFT
HIV PREVENTION PLANNING COUNCIL (HPPC)
Minutes for February 26, 1998

HPPC:	Thurs., March 12, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin Street
	Thurs., March 26, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin Street

6/98

Members Present:

Marcos Bañales
Michael Bogan
Bill Barnes
Elizabeth Davis
Michael Discepola
Brenda Escobar
José Ramon Fernandez-Peña
Ellen Goldstein
Jelousy Jiggetts
Dredge Byung'chu Kang
Sacul L'Adnbre
Sonja Mackenzie
Byron Mason
Helen Miramontes
Askia Muhammad
Henry Ocampo
Tracey Packer
J. Colin Partridge
María Rinaldi
Steven Sams
Nashanta Stanley

Leave of Absence:

Jimmie Naritomi

Members Absent:

Barbara Adler
Ronnie (Chata) Ashley
Manny Dacalanio
Valerie Kegebein
Jennifer Lorvick
John Newmeyer
Dawn Passar
Jeff Poltl
Steven Tierney
John Blake West
Renee Williams
A. Toni Young

Guests:

Michael Salinas, BAR
Hank Wilson, ACT UP Golden Gate
Brian Kutner, Students for Educational Opportunity

Harder + Co./Polaris, Inc.:

Rick Green, Harder + Co
Lyn Paleo, Harder + Co.

Polaris R & D, Inc.

Emily Coles, Polaris Inc.

Process Evaluation Team:

Pali Basi
Kathleen Roe
Kevin Roe

AIDS Office Staff:

Delia Garcia

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1. FOOD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS

Tracey noted that a revised copy of the agenda is available at the back table. The changes are that Chata will not be chairing any part of the meeting because he was unable to attend, and the agenda item labeled "Committee Co-Chair" should read "Community Co-Chair". She welcomed those present and called for introductions. Tracey reminded the Council and guests that this is the HPPC's first meeting under the Brown Act, and it will take time to acclimate to the new rules.

Announcements

Member Absences

- The following members informed the council Co-Chairs of their absence in advance of this meeting: Barb Adler, Chata, John Newmeyer, Dawn Passar, Jeff Poltl and Steven Tierney. Steven Tierney is at a conference on youth and HIV in Atlanta, and Chata is in New Orleans, but sends his regards to the Council.

Brian Dobrow

- Brian announced that he has been undergoing chemotherapy for a tumor, which has disappeared completely. Only two therapy sessions remain.

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- *Ellen Goldstein*
  Ellen noted that copies of the most recent Center for AIDS Prevention Studies newsletter are available at the back table, which includes all articles and publications recently developed by CAPS. She noted that the newsletter also lists brown bag seminars and debates being held at the center, and invited all present to attend. Also, CAPS has submitted 60 abstracts to the coming international conference in Geneva, providing a good source of information on current HIV/AIDS research.

- *Brian Kutner*
  Brian explained that he is a member of Students for Educational Opportunity, which is a group of law students formed to oppose Prop 209. The group is working to put an initiative on the November ballot to overturn the proposition by reinstating Affirmative Action. Brian distributed a petition for Council members and guests to sign in support of that initiative, and noted that 1.2 million signatures are needed by April 1. He also distributed a form for those interested in helping this effort to list their names and contact numbers. Tracey asked Brian to provide her with a phone number where he can be contacted, as well. (NOTE: Please contact Tracey for Brian's phone number.)

- *Byron Mason*
  Byron thanked HPPC members and guests for attendance of the National Task Force on AIDS Prevention stakeholders' meeting.

- *Maria Rinaldi*
  Maria noted that CDC funding for HIV prevention in San Francisco was cut by 6.3% , and asked when and how the Council will discuss the issue. Tracey replied that discussion of the funding cut was scheduled several times, but has not occurred due to lack of time. She explained that it will be addressed during the announcement section of this meeting, and said that Barry Brinkley can begin the discussion, when he arrives.

- *Michael Discepola*
  Michael announced that Barbara Adler, who was unable to attend this meeting due to a work commitment, would have liked to vote by proxy for the community co-chair, but is unable to under the Brown Act.

- *Sonja Mackenzie*
  Sonja informed the Council that she needs to leave this meeting early. She also announced a rally against war with Iraq, which will be held Saturday, February 28 at noon in Dolores Park.

- *Manny Dacalanio*
  Manny announced that he needs to leave this meeting 1/2 hour early.

- *Bill Barnes*
  Bill invited the Council and guests to read the article on HIV which Maria Rinaldi recently published in Frontiers magazine. He also announced that HiFy is hosting a round-table discussion on the first Wednesday of each month, for people 25 years and younger. The topic of the coming meeting will be revising the HIV Advisory Committee.

- *Shawn O'Hearn*
  Shawn thanked participants of the Community Health CBO fair held at City College on February 18. Roughly 50 agencies were represented. Shawn announced that he will be running for election to the San Francisco Central Committee in June, with the goal to bring discussions of HIV and AIDS to a higher level of city governance. In conclusion, Shawn asked if all HPPC meetings will run until 6:00 p.m. this year. Tracey replied that they will, in order to allow more time at meetings to address all necessary issues.

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HIV PREVENTION PLANNING COUNCIL (HPPC)
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- *J. Colin Partridge*
  Colin announced that the Sonoma State conference which the SF HPPC wrote a letter to support will be May 5. Anyone who wants organizational materials to be distributed at the conference can contact Colin. Several members of the HPPC and AIDS Office will be speaking, including Delia Garcia, of the SF AIDS Office, and John Newmeyer, of the Haight Ashbury Free Clinics and HPPC.

- *Nashanta Stanley*
  Nashanta acknowledged the HPPC and AIDS Office for their involvement in the Transgender Community Health Project, which was recently completed. She noted that the study went well, and offered her services as a consultant on HIV/AIDS-related issues around the transgender community. Nashanta can be contacted at the AIDS Office until the end of March.

- *Tracey Packer*
  Tracey announced that Mike Pendo and Valerie Rose Kegebein are currently at a University-wide AIDS Research Program conference in Los Angeles. Regarding the year-long HPPC meeting schedule (which is available at the back table), Tracey acknowledged that the second meeting of each month has been extended to 6:00. The retreat which is listed on the schedule will give HPPC members an opportunity to interact on a more personal and informal level than at meetings, and focus on group dynamics and cohesiveness. This event is currently scheduled for April 16, 12:00-5:00 p.m., with a light lunch provided. Elizabeth noted that a conference on adolescents and HIV will be held April 16 and 17, but may begin late on the 16th. She will update the Council later on the exact time. Tracey asked how many members need to leave this meeting early, and noted that the community co-chair election is currently scheduled last in the meeting, and require a quorum. Because several members would be leaving, she suggested that the discussion of Mayor's Summit Prevention Recommendations be held directly after public comment, to be followed by the community co-chair elections and then the break. Dredge moved to amend the agenda as suggested. The motion was seconded and Tracey facilitated the vote. The motion passed unanimously.

- *Barry Brinkley*
  Barry recalled that CDC funding cuts were announced in December, 1997, at which time the San Francisco DPH was notified of its $517,000 reduction in prevention funding. This cut was distributed across the board in HIV prevention; 54% to DPH HIV prevention and 46% to CBOs. It is now expected that the CDC will award supplemental funds available, to be used to "back fill" these cuts. It is at this point unclear if supplemental funding will be competitive, but the Council will be updated when that information becomes available.

  Ellen asked if contracts which were written based on the funding cut are now being modified to account for the restoration. She also noted that San Francisco is still awaiting unobligated funds from 1997, and asked the status of that money and how it relates to the $517,000 restoration. Barry replied that until notice is received from the CDC, the DPH will not know the status of last year's unobligated funds. He explained that, once a notice of award is received, only that amount can be encumbered. Thus even if greater funding is anticipated, it can not be prepared for in any formal way. [Update: we expect that San Francisco will receive the unobligated funds, probably with the supplemental award].

  Bill asked if it would be possible to move funds from another line item into HIV prevention services, if CDC funding is not restored. Barry responded that that possibility can be explored, but the DPH will first await further notification from the CDC regarding the restoration and possible augmentation. He added that the Council and DPH should discuss ways to prepare for unexpended funds and unexpected money received during the year, such as creation of a secondary prioritization plan to which additional funding can be applied.

  Steven Sams asked if the $517,000 will be restored to the original service categories from which it was cut. Barry replied that this body can direct the use of those funds as it sees fit. Steven asked if the additional funding is intended to reinstate the original cut, or if restoration of the exact amount that was cut is coincidental. Barry explained that it is still unclear whether the restoration will be automatic or competitive, so the exact amount is unknown, but expected to be at least $517,000. He also noted that San Francisco has historically competed successfully for funding.

Maria asked whether if supplemental funding is received, and the Council decides to restore the previous cuts, then the programs which are already funded by supplemental money could not be extended. Tracey replied that that is correct; the Council would need to decide whether to use this funding to reinstate cuts or continue programs into 1999 prioritized by last year's Supplemental Funding Task Force.

2. Review and Approval of Minutes for January 22

Bill moved to approve the January 22 Council minutes. The motion was seconded, and approved unanimously.

3. Public Comment

- *Hank Wilson, ACT UP Golden Gate*
  Hank announced that a study of 200 gay men in San Francisco was recently completed by SFAF and UCSF. He expressed the opinion that this study could be an instructive guide for prevention efforts, and suggested that SFAF be asked to present their findings to the HPPC. Secondly, Hank informed the Council that poppers, a recreational drug used primarily by gay and bisexual men, are rarely included in high school curricula about drug use. He noted that in order for people to make informed decisions they need information, and given the prevalence of HIV among gay and bisexual men in San Francisco it is crucial that they make informed decisions regarding drug use.
- *Mike Salinas, Bay Area Reporter*
  Mike announced that he is working on an article about the HPPC's prioritization and outreach efforts, and requested that members with suggestions regarding its contents call him at 861-5019. Part of the article will focus on new developments in HIV prevention, besides penile condoms, and the importance of researching and providing various methods of protection.

  Tracey informed Mike that community members are invited to join Council committees, and suggested that he consider that option.

4. Mayor's Summit Prevention Recommendations

Ellen introduced Dick Pabich, of the Mayor's Office, and Steve Lew, co-chair of the New Directions in Prevention Sub-Committee.

Dick explained that he was involved in San Francisco politics for 15-20 years, starting as a volunteer and aid for Harvey Milk, and then serving as a political consultant on a range of issues. Among these, Dick was head of the Northern California campaigns against all three AIDS initiatives in the 1980's, and of Carol Migden's campaign. He was also involved in creation of the new main library and office of citizen complaints in the police department. In 1985 Dick tested positive for HIV, and was diagnosed with AIDS nine years later.

Mayor Willie Brown asked Dick to help organize the HIV/AIDS Summit, and it appears that he will remain on staff as the contact person for the community and all bodies which address HIV-related issues. Dick's phone number at the Mayor's office is 554-5967. His immediate task is to synthesize the additional recommendations and comments submitted in response to the first draft of HIV Summit recommendations. These additions will then be issued in a written report. Written public comment will be accepted for one or two more weeks, so anyone who wishes to give their input should do so soon. In compiling recommendations, Dick is assessing which areas should be prioritized; particularly those which require city funding. The 1999 city budget is currently in development, and will include initiation of work entry and re-entry programs for PLWH, as suggested at the Summit, among other HIV-related efforts.

Questions and Discussion

Bill expressed disappointment with the under-representation of youth and youth-related issues at the HIV Summit. He also noted that bilingual health education in schools should be prioritized.

Dick replied that the Summit Committee did include a representative from Bay Positives, who dropped out without notice, and was not replaced. Troix Bettencourt is meeting with the Summit Steering Committee as it periodically convenes. Dick asked Bill to submit his recommendations regarding youth for inclusion in the final Summit recommendation document.

Steve Lew noted that a recommendation regarding bilingual education was included in the draft document from the Summit, but it was noted that the public school system lacks resources to train their ESL instructors in health education, sexual diversity and HIV prevention. Ellen announced that that recommendation appears on page 42 of the document.

Maria expressed concern with the fact that public schools, at least to the level of junior high, require parental permission to provide HIV education. She noted that the magnitude of the HIV epidemic should compel schools to educate students, even when parents are unable to accept the importance of this education, and asked Dick to address the issue in whatever way he can. Dick replied that he has no direct control over the school system. Ellen explained that this issue involves state laws.

Maria asked how Dick's position is not duplicative of the AIDS Office and HPPC. Dick explained that he acts as an advisor to the Mayor, and will not be expending funds or initiating programs. He will also serve as a liaison between the Mayor and all HIV-related bodies in the city, such as the HPPC and DPH. As liaison, Dick will lend support to those bodies by bringing their issues, concerns, events, etc. to the attention of the Mayor's office. Ellen added that duplication of tasks performed by the Council and DPH was a concern for the Prevention Committee, which is why the Summit draft document purposely excludes information about priority-setting, intervention strategies, determination of high-risk populations and other issues which are specifically addressed at this table.

Maria asked Dick to work with the Mayor to ensure reinstatement of the $517,000 CDC funding cut to San Francisco HIV prevention efforts. Dick replied that if those funds are not restored through the process described by Barry Brinkley earlier in this meeting, then he will take the issue up at the Mayor's office.

Sonja expressed concern regarding the Summit's discussion of re-entry to work programs for PLWH, noting that this focus excludes those who never had careers, even before diagnosis with AIDS. She suggested that greater PLWH community involvement in this issue be sought, in order to assess the importance of work *entry* programs, as well as *re*-entry. Sonja also noted that a community member suggested at the Summit that a prevention needs assessment be conducted for African American Women. She asked that that recommendation be implemented, and whether the HPPC can be involved in its implementation. Dick replied that, regarding the concern around work re-entry programs, the Committee on Workplace Issues will endeavor to be inclusive of those who have never been workforce members. He noted that a large amount of the funding for the work entry/re-entry program will be devoted to training, which will be of particular use to those entering the workforce for the first time. The suggestion to conduct a needs assessment for African American women is on the long list of tasks to be addressed. Tracey added that the AIDS Office is conducting prevention service needs assessment for all women.

Colin asked when the revised Summit recommendation document will be completed. Dick replied that it should be ready for distribution in April, at which time copies will be mailed to the organizations involved.

Steven Sams noted a lack of union and corporate representation in the Summit's process, and added that their support will be important to the return-to-work program's success. He also recalled a suggestion made at the Summit that condoms be made available in all hotel rooms, and expanded the suggestion to include taxis. Dick expressed support for that idea, and said he would raise it with the Mayor.

Shawn expressed the opinion that the primary care system for PLWH is over-eager to advocate for HIV medications, with the frequent effect of medicating people who do not require it or are in some way unprepared to adhere. He noted that physicians who treat PLWH should be expected to automatically test for, and treat, conditions which compromise the immune system, such as parasites and STDs, and patients should not have to fully fund these measures themselves. Secondly, Shawn applauded current efforts to involve sexuality in discussions of prevention, noting that sexuality and sexual practices do affect risk; a fact which has historically been under-recognized.

Helen expressed satisfaction with the depth of recommendations put forward by the Mayor's HIV/AIDS Summit. The one aspect which she found troubling is the placement of vaccines apart from other prevention strategies. She noted that vaccines and microbicides, and other subjects of biomedical research such as vaginal gels, foams, spermicides, are often excluded from discussions of prevention. In conclusion, Helen reiterated Shawn's concern regarding premature pressure to use medications, and said that she will raise that issue at the Adherence Group meeting next week. Shawn asked if that will be an open meeting. Helen was unsure.

Jealousy noted that emotional state needs to become a greater focus of prevention messages, along with sexuality, because emotional state to a large degree determines where, when and how a person engages in sexual activity. Ellen suggested that the Outreach Committee discuss the possibility of initiating community education around these issues.

Jose Ramon expressed the opinion that the HIV Summit exposed shortcomings in the mental health system in regards to HIV/AIDS. He noted that, as currently organized, people are often denied mental health services they desperately need because they do *not* present specific co-factors. Dick recalled that the fact that contracting HIV opens many more services to people was discussed in the planning of the Summit. It was at that time acknowledged that HIV- populations need access to the same services that PLWH have, which is something the city will work on.

Michael Discepola informed the Council and guests that he is program manager for the Risk Evaluation and Counseling for Help (REACH) program within the AIDS Health Project, which provides mental health services for HIV- clients. The program mainly provides these services to gay men, in both English and Spanish. Michael offered to bring a list of services offered by this program to an HPPC meeting.

Steve Lew explained that the Prevention Committee discussed the need to examine the entire system of care--not just HIV-related services--and what integration means for that system. He noted that the DPH has been discussing integration and working toward it for several years, although that has not yet been seen in the system itself. Although the committee recognized the importance of this issue, it was unable to act on it because doing so requires inclusion of all members of the care system, which has not yet been organized.

Hank Wilson, of ACT UP Golden Gate, noted that the community needs more information on medication side effects. He explained that side effects in turn effect mental health, sexual practices, etc. and drug companies do not provide information on what they may be. Thus while new drugs provide hope for better health, they also cause anxiety around unknown side effects. Dick asked Hank to submit this concern, and a suggestion of increased surveillance measures, for inclusion in the Summit recommendation document.

Henry observed that the HIV service system lacks continuity in many areas. He noted that the prevention messages surrounding PEP, in particular, are not coordinated throughout the system, and asked how and when that problem will be addressed. Steve Lew replied that the HIV Summit did not formulate specific recommendations on that subject. However, it has become clear that prevention messages should not only be clear and consistent among prevention providers, but also understood by members of the care system. The committee called for consistency from the city to clarify what PEP is and is not to be used for. Ellen noted that the Summit recommendations include a section on ongoing education for providers, regarding the prevention messages which should be given to the community. This education could include issues such as cultural competency, side effects and sexuality, and would standardize the body of knowledge on which providers operate.

Sacul noted that, regarding the issue of sexuality, the prevention messages should be inclusive of all activities and permutations, and not assume that sexual practices are always dictated by sexual identity. Messages also need to be clear and overt.

Steve Lew noted that social marketing campaigns around prevention need to be better coordinated to give consistent but varied messages. This is an area in which the HPPC may have significant impact.

Colin said that prevention messages need to be communicated to providers who are not HIV-specific, so that they, too, are able to educate clients regarding HIV prevention.

Ellen reiterated that Dick will accept comments on the HIV Summit recommendations draft for another week or two, and thanked Dick and Steve for their time.

5. Community Co-Chair Election

Tracey expressed regret that the first vote conducted in accordance with the Brown Act is a co-chair vote, since many members would feel more comfortable with a secret ballot format for this issue, in particular. She noted that the current co-chairs tried to find a way to comply with the Brown Act, while avoiding any discomfort caused by public voting. The following format was chosen: 1. nominees will be given the opportunity to speak to the Council, will secretly cast their votes and then leave the room 2. the rest of the Council will vote by show of hands, and technical support staff will record votes, to be included in the public record of this meeting 3. co-chairs will tabulate votes and announce the new community co-chair. Tracey invited the three nominees--Sacul L'Adnbre, J. Colin Partridge and Steven Sams--to address the Council.

Steven Sams said that he will be happy to continue service to this Council, with any of the three candidates as co-chair. He noted that this body does good work, and he finds membership very rewarding.

Colin said he is excited to run against two very passionate, experienced Council members.

Sacul explained that the written statement she sent to Council members was sincere, and she is flattered by the Council's faith in her, and honored to run against Colin and Steven.

Tracey opened the floor for public comment.

Mike Salinas, of the BAR, noted that although the Brown Act requires public voting, he doesn't plan to publish individuals' votes'.

Kathleen Roe, member of the process evaluation team, expressed the opinion that public voting is inappropriate for elections. She has called the CDC to ask how other groups hold elections under the Brown Act, and is hoping for an alternative method or federal mandate which supersedes the open voting clause in the Act.

Bill recalled that many members expressed opposition to compliance with the Brown Act, and members who were absent at the February 12 meeting may also be opposed to it. He expressed frustration that the Council is now struggling with the issue of how to hold the co-chair election when so many people were against adopting the Brown Act to begin with.

Elizabeth asked if the Council could rescind and re-vote the Brown Act decision. Tracey said that it can, and members interested in doing so should address the co-chairs.

Steven, Colin and Sacul gave their votes to Brian Dobrow, and left the room. Tracey facilitated, and the process evaluation and technical support staff tallied the votes.

Sacul L'Adnbre:	7
J. Colin Partridge:	7
Steven Sams:	8

The three candidates re-entered the room, and Tracey announced Steven as the new community co-chair. She observed that all three candidates were well supported.

Kathleen Roe announced that participant profile sheets have been distributed for members to complete and return to the process evaluation staff. This information will be compiled and distributed at the next meeting.

6. Updates: Needs Assessment, National Task Force on AIDS--Program Monitoring and Stakeholders Meeting

Needs Assessment

Tracey stated that the updates in this section of the meeting relate to the motions passed by this body on December 11, 1997. At that meeting the HPPC requested a needs assessment of prevention services for African American, Latino, Asian/Pacific Islander and Native American MSMs. The Strategic Evaluation Committee will direct the AIDS Office and technical consultants in that assessment, after presenting their plans for its implementation to the Council.

NTFAP Program Monitoring

Barry explained that the routine program monitoring for NTFAP will take place over the next two weeks, after which a report will be developed for inclusion in a review of all the current prevention programs funded through the DPH. The care service system underwent its review during the past month. Review teams for prevention services will include representatives from the HPPC, community and AIDS Office staff, and the Council will be updated as the process progresses.

Steven Sams asked if the Plus Seminars fall under care or prevention. Tracey replied that they are funded by CARE dollars. Steven noted that the CARE Council's re-definition of its purview threatens the Plus Seminars, and asked if anything can and will be done to insure the continuation of that program. Delia Garcia, of the AIDS Office, agreed that coverage of the Plus Seminars by CARE funds may be discontinued as a result of the CARE Council's last prioritization decisions. However, due to concern expressed by several different parties, the AIDS Office will probably include something in an RFP to safeguard the program. Ellen added that the final Plus Seminar was conducted February 21 and 22, and the program will be un-funded by March. The hope is that funding will begin again in June, but the program may have to be modified or even moved. She noted that this is a very good program, and expressed concern for its continuation.

Maria asked if the AIDS Office will monitor all agencies receiving prevention funding during this contract year. Barry replied that it will.

NTFAP Stakeholders' Meeting

Tracey recalled that Mario Solis invited HPPC members to the February 20 NTFAP stakeholders' meeting.

Maria expressed disappointment with the number of Council members who attended the meeting. She felt that it was an important extension of a discussion which occurred at the December 11 Council meeting, and members should have felt a greater obligation to attend. She noted that HPPC representation at the recent CHOW conference hosted by ICHO was also quite low. This being the first conference of its type to occur in the area, she was very disappointed by the lack of participation from this body, and admonished Council members to be more involved in prevention-related events outside their own organizations.

Ellen stated that the stakeholders' meeting invitation was extended two weeks before the meeting and conflicted with a significant provider conference, which may have been too little notice for many people. She informed the group that the site visit to Proyecto Contra SIDA Por Vida was very exciting and inspiring. It is clearly a client-centered organization. Visits to Brothers' Network and Native American AIDS Project were much less informative, and she found it difficult to judge their effectiveness in meeting clients' needs.

Michael Discepola echoed Maria's frustration regarding HPPC member attendance of the stakeholders' meeting, but noted that scheduling difficulties between work, other meetings, etc., often make attendance of such events impossible.

Steven Sams noted that Diane Felix of Proyecto Contra SIDA Por Vida is being honored by LAVA (Lesbian Achievement and Vision Award.) Steven visited the Native American AIDS Project independently, and found it to be very dynamic and client-centered.

Marcos expressed strong support for Proyecto Contra SIDA Por Vida, while noting that it best serves gay members of the Latino community.

Dredge informed the Council and guests that he is a board member of NTFAP, and noted that people often erroneously refer to specific programs as "agencies". There is only one *agency* called National Task Force on AIDS Prevention, which runs the *programs* New Village, Native American AIDS Program, Plus Seminars and Proyecto Contra SIDA Por Vida.

7. Committee and Task Force Assignments

Ellen distributed a handout listing the members of each committee and task force, and explained that it was compiled by Lyn Paleo using the forms on which Council members indicated their committee and task force preferences at the last meeting. She asked that the Council split into these groups for people to meet one another, discuss their goals and hopes for the group and set dates for their first meetings. Ellen noted that community member nomination forms are available, and said that community members can be elected as full, voting members, as long as parity, inclusion and representation are maintained. Committee members should discuss what representations are missing in their groups, and would be useful in addressing their specific issues. Community members can be added to any committee prior to its second meeting.

Michael Discepola asked if AIDS Office staff will also be assigned to committees. Tracey replied that they have been assigned already; she will work with Outreach, Valerie and she will staff the Community Input Committee, Brian will staff the Membership Committee, Delia will work with the Cultural Competency Task Force, Valerie and Mike will staff the Priority-Setting Task Force and Mike will staff the Strategic Evaluation Task Force.

Ellen explained that the Steering Committee will have three co-chairs, a representative member from each committee and task force, and two at-large Council members (to be nominated).

Steven Sams expressed satisfaction with the community member nomination forms, but noted that sexual orientation information can not be required. Lyn asked Council members to write "optional" next to the sexual orientation question. She also asked that Committees inform her of their first meeting times so that she can notify absent members of those times.

The Council broke into committees and task forces, as listed on the handout.

8. Closure/Evaluation

Tracey thanked the Council, and reminded members to complete the meeting evaluation forms and return them to any member of the process evaluation team. She also noted that Steven Sams will begin his term as community co-chair at the March 12 meeting.

Attached to these minutes for absent members:

- CAPS Newsletter
- Schedule of HPPC Council Meetings for 1998
- HPPC Participant Profile form
- Committee and Task Force membership list
- Community member nomination forms for committees and task forces

Minutes Recorded by: Emily Coles, Polaris R & D, Inc.
Minutes Approved by: Ellen Goldstein, Community Co-Chair and Tracey Packer, DPH Co-Chair.

HIV PREVENTION PLANNING COUNCIL

COMMITTEE and TASK FORCE MEETINGS

MARCH, 1998

AGENDAS:
Meeting Agendas are all the same for these first meetings

1. **Welcome/Introductions**
2. **Discussion of Roles (Members/AO Staff/Consultants)**
3. **Role and Responsibilities of the Committee Chair**
4. **Committee Operating Procedures**
5. **Discussion of Projected Work Tasks for 1998**
6. **Set Meeting/Times Schedule**

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Meeting Dates/Times

1. Membership Committee	March 5, 1998 12:00 - 2:00 PM AIDS Office
2. Cultural Competency Task force	March 6, 1998 10:00 - 11:30 AM AIDS Office
3. Strategic Evaluation Task Force	March 9, 1998 12:00 - 2:00 PM AIDS Office
4. Community Input Committee	March 10, 1998 11:30 AM - 1:30 PM AIDS Office
5. Community Outreach Committee	March 19, 1998 3:00 - 5:00 PM AIDS Office

NOTE: All meetings are open to the public and are held in handicapped accessible facilities

HIV PREVENTION PLANNING COUNCIL MEETING

MARCH 12, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**

Ronnie Ashley (Chata)

Ellen Goldstein

Barry Brinkley

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Please read and bring:

- **Agenda**
- **Minutes of 2/12**
- **This Packet**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements	Chata	3:00 - 3:15 PM
2. Review and Approval of Minutes for 2/12	Chata	3:15 - 3:20 PM
3. Public Comment	Chata	3:20 - 3:30 PM
4. HIV Prevention Director's Report	Barry Brinkley	3:30 - 3:45 PM
5. Request for Letter of Support for Grant Proposal to be Submitted by IFR - Vote	Maria Rinaldi	3:45 - 4:00 PM
6. Supplemental Funding Application - Discussion	Barry Brinkley	4:00 - 4:45 PM
7. Break		4:45 - 4:55 PM
8. Report on Detuned Assays Project	Willi McFarland	4:55 - 5:25 PM
9. Remarks from Outgoing Community and DPH Co-Chairs and Party	Chata and Tracey Packer	5:25 - 5:55 PM
10. Closure and Evaluation	Ellen Goldstein	5:55 - 6:00 PM

Upcoming Meetings: ***Note: All meetings are open to the public and are held in handicapped accessible facilities.***

HPPC Meeting - Thursday, **March 26, 1998, 3-6** PM, First Unitarian Church 1187 Franklin Street (@ Geary)
HPPC Meeting - Thursday, **April 9, 1998, 3-6** PM. First Unitarian Church 1187 Franklin Street (@ Geary)
HPPC Member Retreat - Date to be Changed - TBA

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HIV PREVENTION PLANNING COUNCIL
Minutes of March 12, 1998

HPPC:	**Thurs., March 26, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.** **Thurs., April 9, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.**

Members Present:
Ronnie (Chata) Ashley
Bill Barnes
Michael Bogan
Barry Brinkley
Manny Dacalanio
Elizabeth Davis
Michael Discepola
Brenda Escobar
José Ramon Fernandez-Peña
Ellen Goldstein
Dave Hubbard
Jelousy Jiggetts
Valerie Kegebein
Jennifer Lorvick
Sonja Mackenzie
Byron Mason
John Newmeyer
Shawn O'Hearn
Tracey Packer
J. Colin Partridge
Jeff Poltl
María Rinaldi
Steven Sams
Nashanta Stanley
Steven Tierney
A. Toni Young

Leave of Absence:
Jimmie Naritomi

Members Absent:
Barbara Adler
Marcos Bañales
Dredge Byung'chu Kang
Sacul L'Adnbre
Helen Miramontes
Henry Ocampo
Dawn Passar
John Blake West
Renee Williams

Guests:
Reymondo Anthony, Aguilas
Cynthia Laird, BAR
Ana Clair Meyer, former HPPC co-chair
Michael Petrelis, community member
Hank Wilson, ACT UP Golden Gate

Harder + Co./Polaris, Inc.:
Rick Green, Harder + Co
Lyn Paleo, Harder + Co.
Polaris R & D, Inc.
Emily Coles, Polaris Inc.

Process Evaluation Team:
Kathleen Roe
Kevin Roe

AIDS Office Staff:
Delia Garcia
Mike Pendo

1. FOOD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS

Chata welcomed those present and asked HPPC members and guests to introduce themselves.

Announcements:

Member Absences

- The following members informed Council Co-Chairs of their absence in advance of this meeting: Barb Adler, Dredge Kyung'chu Kang, Helen Miramontes, Henry Ocampo and Dawn Passar. Dredge, Henry and Dawn are attending an HIV convention at the API Wellness Center, Barb is at a training and Helen is on a trip for the Presidential AIDS Advisory Committee.

Tracey Packer

- Tracey announced that Askia Muhammad has resigned from the HPPC, and read a farewell statement that he addressed to the Council.

Lyn Paleo

- Lyn distributed invitations to the next Membership Committee meeting, at which the group will plan the HPPC retreat. This meeting will be March 19, noon-2:00 p.m., and all are welcome. Those who can not attend may call Jealousy to give their input.

Valerie Kegebein

- Valerie called the group's attention to a handout on the back table entitled Community Planning Leadership and Orientation Training. This program will be held this April, June, August and October, and is specifically designed for (although not restricted to) people of color. It will

focus on leadership skills, increasing involvement of people of color in planning Councils, and building linkages between people of color in different areas of the service system.

Jose Ramon Fernandez-Pena

- Jose Ramon announced that he will need to leave at 4:00.

Steven Tierney

- Steven announced that he also needs to leave at 4:00.

Michael Discepola

- Michael announced that he will need to leave ten minutes early.

Kevin Roe

- Kevin announced that the biographical information that HPPC members supplied to the process evaluation team has been compiled into booklets for distribution. He noted that many members omitted much of their non HIV-related experience, so the team is incorporating information from the bio sheets that each member submitted upon appointment to the Council.

Bill Barnes

- Bill announced that he needs to leave early.

John Newmeyer

- John announced that he would like to conduct brief, informal interviews with people who have direct or indirect experience with CHOWs (Community Health Outreach Workers) for a newsletter article he is writing. He asked those interested to see him during the break.

J. Colin Partridge

- Colin distributed brochures on the Sonoma HIV conference, to be held May 2.

Sonja Mackenzie

- Sonja announced that the state and federal annual AIDS lobby events are approaching. AIDS Lobby Day, which is the state event, will be April 20, and AIDS Watch, which is federal, will be May 3. She noted that the Women's AIDS Network has, for several years, organized advocacy trainings for infected and affected women. The group's state training will be held April 4 at the SF AIDS Foundation, 10:00-4:00, and the federal training will be April 18, same place and time. Sonja said she will bring flyers about these trainings to the next HPPC meeting.

Chata

- Chata noted that item numbers 6 and 8 should be reversed on the agenda for this meeting.

2. REVIEW AND APPROVAL OF THE MINUTES FROM 2/12

Shawn noted that he was omitted from the attendance list for the February 26 meeting, at which he was present. Maria noted that the magazine in which she recently published an article is called *SF Frontlines*, not *Frontiers*. Maria motioned to approve the minutes of 2/12. The motion was seconded and the minutes approved with one abstention.

3. PUBLIC COMMENT

Michael Petrelis, PLWH

- Michael invited those present to visit www.accountabilityproject.com, which is a web site devoted to IRS 990 forms for AIDS organizations. Michael's reason for attending this meeting is to express his concern regarding the preamble to all the prevention contracts. He sited, in particular, the Gay Life Contract with the SF AIDS Foundation, Section V, where grievance procedures are discussed. He noted that in subsection III it is stated that clients who are

dissatisfied with the responses they get to complaints have the right to contact the Human Rights Commission Patient Advocacy Services. Michael said that that service does not exist, and asked why the clause was included in contracts. He requested that the Council review grievance procedures, and ask the AIDS Office what it does to ensure that they are publicly posted by all contractors.

Bill noted that this body does not choose the contractors funded by prevention money, and seconded Michael's concern regarding the accessibility of grievance procedures. He asked the co-chairs to add this issue to the next meeting's agenda.

Barry announced that the AIDS Office is currently reviewing the complaint filed by Michael regarding both the contract language around grievance processes and posting of these processes by contractors. Celinda, the AIDS Office staff member who has contacted Michael, has been assigned that task, and will give a report at the next Council meeting.

Hank Wilson, ACT UP Goldengate

- Hank noted that discussions of collaboration between mental health, substance abuse and HIV prevention have been occurring throughout the service system for years, yet have not resulted in action. He admonished the Council to motivate the creation of a pilot program that would put into action some of the ideas which have been raised over the years.

  Hank also distributed an article entitled *"Protease Paunch" and "Buffalo Hump": Abnormal Fat Redistribution Associated with Protease Inhibitors*. He explained that as PWA take protease inhibitors for longer periods of time they are experiencing greater side effects, which increase stress, which in turn exacerbates health problems. Hank expressed the opinion that the surveillance of HIV drug side effects is inadequate, as is the attention given to the subject by the HIV/AIDS service system.

  Tracey noted that the current restructuring of the DPH is partly driven by an acknowledgement of the need to increase collaboration in the health care system. She explained that within the new Community Health Promotion and Prevention branch HIV/AIDS prevention will have greater opportunities to link with other prevention areas. She added that the HPPC co-chairs met with the Treatment On Demand and CARE Council co-chairs two months ago to discuss their overlap in Council work and the services they address. That dialog will continue.

  Valerie added that on March 13 there will be a preliminary meeting between the DPH and CSAS to discuss the possibility of releasing a joint RFP for HIV prevention and substance abuse.

  Steven Sams recalled that Hank raised a concern at the February 26 meeting regarding the omission of poppers from school educational programs on recreational drugs. He said that anyone who would like to send a letter encouraging the inclusion of poppers in those educational units can get addresses of the appropriate people from him.

  Chata said that when he leaves San Francisco he will miss Hank's strong community voice.

Reymondo Anthony, co-chair of the board of Aguilas

- Reymondo explained that Aguilas is a non-profit gay Latino organization in San Francisco. The organization runs an HIV education and prevention program called El Ambiente, and works in collaboration with Instituto Familiar de la Raza. He announced that Aguilas, Intstituto Familiar de la Raza, Proyecto Contra SIDA Por Vida and Mission Neighborhood Health Services are organizing a public meeting on March 24 at the Brava Theater, from 7:00 to 10:00p.m. The goal of this meeting will be for the gay Latino community to present

information to HPPC members, as well as representatives from the Health Commission and Board of Supervisors, and in particular to convey their concern regarding the dwindling HIV/AIDS resources for gay Latinos in San Francisco.

4. HIV PREVENTION DIRECTOR'S REPORT

Chata introduced the HIV Prevention Director, and new DPH co-chair, Barry Brinkley. Barry asked Council members for input on the types of information they would like to receive in the Prevention Director's report. He noted that people have already expressed a desire to be updated on the CDC funding and state contracts for HIV prevention services, feedback from the Community Planning Working Group, updates on staff changes in the AIDS Office and information from the contract monitoring reports.

Bill suggested that some major themes that have been discussed by the CDC, such as the number of gay men having receptive anal sex, be applied to local concerns in order to see which of those themes are relevant to San Francisco and the work of this Council. Barry replied that as CDC reports come to the AIDS Office they can be reviewed by AIDS Office staff to this Council, and pertinent issues presented to the group.

Elizabeth asked how often HIV Prevention Director's reports will be submitted to the Council. Tracey explained that reports will not be written, but be given verbally as a standing agenda item. Elizabeth said that information on street outreach would be useful, and expressed the opinion that this Council does not discuss outreach, and the role it plays in HIV prevention, enough.

Shawn requested a chart of AIDS Office staff, including the names of the positions, who fills them and what they entail. This would enable Council members to ask questions and seek information from the appropriate staff members, rather than using the support staff as intermediaries.

Maria asked that the AIDS Office begin to identify the amount of prevention funding which San Francisco receives from private foundations, so that the HPPC can begin to ascertain where it may be duplicating services already funded, and where there are gaps. She also recalled that last year the Council identified sub-populations of concern, and directed the AIDS Office to conduct assessments of the services provided to those populations. She asked that information on the progress of those assessments be provided to the Council, as well as on how the findings of those assessments will affect the allocation of supplemental funding.

Toni requested monthly reports on new HIV infections in San Francisco, and suggested that this type of tracking would help the Council assess whether services currently focus on high incidence areas, and if funding reflects the amount of new infection in each area.

Steven Sams asked if the HPPC can hold joint meetings with the CARE Council and other HIV-related bodies in order to present the community with a more integrated view of HIV services in the city. He recalled that the Council has considered holding some of its meetings in different locations around the city, to increase public access, and noted that those meetings, in particular, would be good candidates for collaboration with other HIV-related planning bodies.

Jeff suggested that the HIV director's reports include information on what the AIDS Office is doing that relates to the work of the HPPC.

John N. noted that the Council's work should have secondary benefits, particularly in regards to STDs, and asked for periodic updates on the trends in other diseases which are affected by HIV prevention.

Michael Petrelis requested quarterly reports on complaints lodged by clients of the HIV prevention system. These reports should include the number of grievances filed with contractors, how the AIDS Office is informed of those complaints and what is done with that information.

Hank expressed an interest in which agencies are monitored, and when, by the AIDS Office. This information should be made available to the Council and public.

Reynoldo expressed support for Toni's suggestion regarding tracking incidence to ensure that funding to each area is proportionate to its rate of infection.

Chata requested periodic updates on HIV prevention and Care funding, as well as service gaps, for Native Americans. He also requested updates on unobligated and supplemental funds, the needs assessments for women, and the monitoring and OD/TA projects.

Barry informed the Council that further questions, concerns, suggestions, etc. can be written in the dialog box on evaluation.

5. REQUEST FOR LETTER OF SUPPORT FOR IFR GRANT PROPOSAL

Maria reviewed the letter from Instituto Familiar de la Raza, which was included in the pre-meeting packet. She explained that the intervention type chosen for this program (multiple session group workshops) can be very difficult, particularly with this target population. However, MSGW has the potential to be effective, if done in a very culturally competent way. IFR plans for each workshop to include six sessions, and each woman who completes a workshop and reduces her risk by 60% will take part in a closing ceremony.

Michael Discepola asked how this program will be made accessible to Latina women. Maria explained that women will gain access through outreach, as well as other programs already in place at IFR, and in other collaborating organizations. Michael asked if IFR has access to enough Latinas who are having sex with MSF/Ms and MSM/Fs. Maria said that it definitely does.

Bill asked what is the HPPC policy on letters of support. Tracey explained that if the Council agrees to support the proposal by IFR, then the co-chairs will draft a letter to that effect. She also noted that the policy around letters of support is outlined in the Prevention Plan.

Ellen expressed support for Instituto's proposal, and sited two referrals which could be added to the grant application: CAPS funded and helped evaluate a MSGW program for Latina immigrant women, which was conducted by Coalition for Immigrant and Refugee Rights and Services, and which showed a high success rate for that intervention and population; also, CAPS conducted multiple session groups at the Native American Health Center, which also had a high rate of retention.

Toni expressed support for the proposal by IFR, and asked if she, as representative of an organization that will compete with IFR for the grant, should abstain from the vote. Tracey explained that conflict of interest, as defined in the bylaws, only applies in votes which could have a direct financial effect on the conflicted member. In those cases that member must abstain. She said that Toni might have a conflict of interest in this case. Lyn Paleo suggested that Toni might not have a conflict, because expressing support for one organization's proposal does not preclude support of another.

Sonja asked what age range IFR expects to serve, primarily, in the proposed program. Maria said that they will apply for the range of 16 years and older. She explained that through a letter of agreement IFR will work with RAP, and other youth-focused programs.

Jose Ramon expressed support for the proposal. He noted that the Mission Neighborhood Health Center has conducted programs similar to that proposed by IFR, which were very well attended.

Chata opened the discussion to public comment. None was offered.

Toni moved to support the letter written to the Council by Maria, regarding Instituto's grant proposal. Chata facilitated the vote.

In favor: 23
Opposed: 0
Abstain: 1

The motion passed.

BREAK

6. REPORT ON DETUNED ASSAYS PROJECT

Chata reminded the Council that it voted to support the Detuned Assay project with unobligated funds from 1996. He introduced Willi McFarland, director of the Seroepidemiology unit of the AIDS Office.

Willi expressed excitement about the Detuned ELISA, and how it may aid prevention efforts. He showed, and elaborated upon, overhead projections outlining what the Detuned ELISA is, what it does, how it works, and how it may be used in HIV prevention. The test is based on the fact that the number of HIV antibodies increases slowly during the early period of infection. Two tests of differing sensetivities are run, and if both are positive then it is concluded infection occurred more than six months prior to testing. However, if only the more sensetive test is positive, then it is likely that infection occurred within the last six months, because the level of HIV antibodies is still too low for the less sensetive test to detect. The prevention advantages confered by the Detuned ELISA result mainly from this ability to estimate time of infection and seroconversion, which can be used to:

- identify likely contacts
- identify people in early stages of infection
- identify and notify people who may have been exposed to the virus through contact with the infected person
- identify and interrupt chains of HIV transmission

Individual and public health applications for the Detuned ELISA include:

- provide prognosis
- guide early treatment
- reduce infectivity
- determine risk associated with specific activities
- monitor drug adherence
- estimate incidence
- study HIV transmission
- target drug resistance surveillance
- target strain surveillance

Willi noted that San Francisco is among the first cities to apply this test to HIV prevention. The test can also be used to identify strains of the virus, which exhibit differing levels of virulence. This information indicates local changes in the epidemic, and can be used to predict future trends.

Willi explained that one of the primary focuses of the Detuned ELISA at this time is partner notification, which may lead to sexual and needle-sharing network notification in the future.

The HIV surveillance branch is currently trying to initiate use of the Detuned ELISA at anonymous testing sites. This is difficult, however, because this assay takes longer than that currently in use,

and HIV counselors will have to be trained in how to counsel about the results of this test. Also, community advisory boards and community forums are being organized, to inform the public on how confidentiality will be maintained while using this test.

Colin asked if the preliminary information on incidence has shown individual variation in antibody titers. Willi noted that variability has been found both in titers and the projected duration of infection. Colin asked if there are data on possible adverse consequences of partner notification, especially as tests are increasingly accurate regarding time of infection. Willi replied that some information is available, but the subject requires more attention. Colin noted that the confidentiality of the testing will make adverse effects of partner notification harder to track. Willi agreed, but noted that a follow-up survey will try to capture that information. He added that different referral types will be made available to those tested, so that they can choose who to notify, and how.

Toni referred to an overhead projection that showed a map of San Francisco, with dots to indicate where new infections were diagnosed. Willi explained that according to the map, the majority of recent new infections occurred in the Castro, Mission and Tenderloin areas. Toni asked if this type of information could be used to identify geographic areas where HIV prevention resources should be concentrated. Willi replied that it theoretically could be used that way. He noted that, according to the data, the expected rise in HIV in Bayview and Hunters Point has not occurred.

Ellen referred to the same overhead, and asked what were the inclusion criteria for the cases shown. Willi replied that it was a blind study. Ellen also asked if the dots indicate testing sites or residences. Willi said that they are residence zip codes. Finally, Ellen asked the projected cost to make the Detuned ELISA standard practice for antibody testing. Willi explained that the test will only be used for those who test positive by the current method, which account for 5-6% of those tested. And because each sample is diluted 2-3 times, laboratories would probably be reimbursed an amount equivalent to 2-3 antibody tests, which is about $25.

John N. noted that the old ELISA test gave frequent false positives, and asked if false positives with the new system are handled the same way. Willi explained that the false positivity rate with the new method is very low because each sample is tested several times, at different dilutions.

Sonja expressed concern regarding partner notification and women, because women are at high risk of domestic and non-domestic violence. She sited a survey which found that 80% of women support notifying past, present and future partners, but only 15% support notification legislation. Willi shared her concern regarding confidentiality, and explained that involuntary partner notification will be impossible.

Chata opened the discussion to the public.

Hank asked if patient age, race, gender, etc. will be considered along with zip code, and noted that residence does not necessarily indicate where people socialize, meet sexual partners, etc. He also asked when and how this information will be used to further prevention efforts. Willi explained that demographics will be tracked in addition to location. Information on sexual networks can not be obtained through patient demographics, which is why the partner notification component was added. Regarding the concern that the information provided by this new technology be put to use in prevention, Willi explained that identification of sexual and needle-sharing networks may enable researchers to find community members who do not test regularly and have been exposed.

Jennifer expressed support for the Detuned ELISA, and the ways in which it will be used, but noted that other prevention methods that have proven effective must continue to be a focus, and can be used to encourage people to take advantage of this new technology.

Shawn noted that far more money is allocated to pre- and post-testing than to training counselors,

and the money which is allocated for that purpose goes only to the AIDS Health Project. He urged Willi, and his co-workers, to be very careful to ensure good counselor training for this new program, particularly because it involves partner notification. He also noted that there is a great deal of discrimination against PLWH, which the HIV- community may not be aware of, and which needs to be considered. Willi explained that AHP is developing a counselor training module for this pilot program, specifically for councelors who are involved in this program. An attempt is being made to incorporate parts of already-existing training programs, such as that for counseling on STD partner notification. He added that counselor training programs are receiving support from several funding streams, in addition to the CDC.

Maria requested that the entire package, including information on the counselor training program, be presented to the HPPC upon its completion, before implementation. She also suggested to the Council co-chairs that this body spend more time discussing policy-related issues, in order to know where the group stands on issues such as partner notification.

Toni asked if there is a preliminary data package, including a timeline for the project, that the Council could review. Willi replied that there is a manuscript, which is currently being held by the CDC, but could be made available to the Council. In terms of the timeline, there will be a great deal of training and development in the next 2-3 months, as well as some piloting to ascertain what structure will be most useful for the program, and to create a referral network. Partner notification will probably begin in June, at which time it will most likely be combined in some way with STD partner notification programs. In the meantime, the program will be refined, with continuous discussions of confidentiality and other issues of concern, and then actively offered to testing sites.

7. SUPPLEMENTAL FUNDING APPLICATION

Barry reminded the Council that on February 26 he reported that the CDC may award San Francisco supplemental funding in the amount of $517,000. It is still uncertain at this time whether that funding will be awarded by competition or formula, but because San Francisco is likely to receive it in either case, the Council should discuss how it should be allocated. Barry offered the following suggestions: 1. Backfill the original $517,000 cut, 2. Extend the contracts currently supported by supplemental funding, which will end December 31, 1998, 3. Backfill cuts and then use money above the $517,000 (if more is received) to extend contracts.

Jennifer asked if the amount to be awarded is known. Barry replied that it is not, but the DPH expects at least $517,000. Because the CDC has not yet stated whether the funding will be competitive, it is uncertain how much more may be received. San Francisco has historically competed very successfully for CDC funding, and is already preparing an application in case that is necessary. Jennifer asked if an application outlining the funding of a new initiative or program would be viewed more favorably than one that suggests restoring old cuts or extending already-funded contracts. Barry expressed the view that it would make sense to restore the previous cuts because they were made to programs already identified as worthy of funding. Thus using the supplemental funding for something other than backfilling could be viewed as undermining the prioritization process which originally identified the programs to be funded.

Maria noted that when supplemental funding was received in 1997 the Council elected to use some of it to fill identified gaps, and some for PEP counselor training and lab costs. She recalled that last year's gap identification process included examination of co-factors, which the Council had been trying to do for a long time. Maria expressed the opinion that backfilling previous cuts may not be the best choice because it will probably preclude the extension of supplemental funding programs designed to fill gaps, and undermine the process used in their identification.

Ellen asked the AIDS Office to provide information on the specific programs which are supported

by 1997 supplemental funding, in order to help the HPPC decide if those programs should be extended. She expressed the opinion that, while backfilling makes intuitive sense, assessing and extending the programs that were prioritized more recently might move the service system in a more progressive direction.

Tracey reminded the Council that in 1997 San Francisco received $719,000 in supplemental funding for HIV prevention. Because only $517,000 is expected in 1998, there is a significant diminution in supplemental funding. This means that many expenditures, such as the PEP trainings and lab costs, will not continue regardless of whether cuts are backfilled or not.

Steven Sams queried whether some programs were able to absorb the funding cut without reducing the amount or quality of service they provide. Programs that were able to do this, perhaps by reducing administrative costs, may not need to be restored. He suggested that information be presented to the Council on how the cut affected each program. Valerie explained that that information is not available at this time, as contracts have not yet been developed. She added that when cuts were made, some expenditures (such as lab costs), were not reinstated for this year.

Jennifer expressed support for effecting progress in the service system by extending the new programs under supplemental funding, but said that that should not occur at the expense of ongoing programs which have already proven effective. Regarding Steven's suggestion not to restore cuts to programs that have effectively absorbed the funding reduction, Jennifer noted that that would, in effect, punish those programs for their accomplishment.

Mike Pendo directed the Council to review the Resource Inventory, where CDC supplemental funding is outlined.

Ellen asked when the CDC might have further information regarding the supplemental funding amount, and whether it will be competitive. Barry replied that the AIDS Office expects that information in about ten days. He explained that the CDC had a backlog that has kept it from officially informing the city of its funding. Valerie added that if the funding is competitive, the application will probably be due April 30.

Tracey noted that the advantage to this delay is that it allows the HPPC time to thoroughly consider how it wishes the funding to be allocated. She reminded the group that the 1997 Supplemental Task Force identified priority unmet needs based on full funding of CDC programs.

Hank observed that program start-up costs are usually greater than maintenance costs. He reminded the Council to recognize this fact in its discussions of how to allocate supplemental funding. John N. expressed the opinion that program maintenance is actually becoming more difficult and costly because the current high-incidence populations are very difficult to reach. He furthered that the prioritization process conducted last year for supplemental funding should occur annually in order to continuously adjust the allocation of resources in response to changes in the epidemic. Hank also expressed support for Steven's suggestion to request information from providers on how the TAP GAP cuts have effected their services.

Maria noted that the cuts made last year will create more unmet need, but added that many of the sub-populations identified by the Supplemental Task Force are not being addressed at all. She requested that the AIDS Office determine exactly how the $517,000 cut has effected the service system and community, and report back to the Council. Maria also presented a motion that the HPPC inform mayor Willie Brown of the current state of HIV prevention in San Francisco, and formally request that a portion of the 1997 city budget surplus be used to reinstate HIV prevention cuts.

Tracey reminded the Council that unscheduled votes can not be held, according to the Brown Act, and said that a vote on Maria's motion will be added to the next meeting agenda. Maria suggested

that votes automatically be scheduled for each agenda item, in case a motion is made during the course of discussion.

8. REMARKS FROM OUTGOING COMMUNITY AND DPH CO-CHAIRS

Ellen explained that this is an opportunity for the two outgoing co-chairs to address the Council, and for Council members to say their farewells. She expressed regret at losing these two valuable participants, and noted that Tracey will continue to be involved as an AIDS Office staff member.

Tracey explained that she served as interim co-chair over the past year, until the new HIV Prevention Director was chosen. She noted that the experience of serving this body was rewarding and educational, and expressed her hope that she was successful in facilitating a smooth leadership transition between DPH co-chairs.

Chata distributed and read a farewell letter to the Council. He also outlined his extensive background in activism, which has included 12 years of service to San Francisco in the area of HIV prevention. Chata wished it to be noted in the minutes that he holds the NTFAP and Native American AIDS Project responsible for the historical dearth of HIV prevention and care services for the Native American community, the dismantling of the Native American Community Advisory Board to the Native American AIDS Project, the ostracism of HIV+ Two Spirit men and women from the community, and for using him as a political pawn for its own gain. Chata furthered that many Native American activists are leaving San Francisco after years of HIV prevention efforts because they are fed up with the continued mistreatment of their community by NTFAP and the Native American AIDS Project. In closing, Chata thanked the Council, stressed the importance of its past and future accomplishments, and reminded the new co-chairs that the community is watching.

Maria said that Chata has brought the very special quality of humanity to the HPPC and that his voice will be missed.

Elizabeth noted that she has appreciated having a fellow Native American as co-chair to this Council and wished Chata good luck.

9. CLOSURE AND EVALUATION

Ellen thanked the group and reminded members to complete meeting evaluation forms.

Attachments to these minutes:

- "Community Planning Leadership and Orientation Training" flyer
- Flyer on the upcoming Sonoma State University HIV prevention conference
- "Protease Paunch and Buffalo Hump: Abnormal Fat Distribution Associated With Protease Inhibitors"
- farewell letter from Chata
- Participant Dialog for the February 26 HPPC meeting
- Process evaluation results for the February 26 HPPC meeting

Minutes written by: Emily Coles, Polaris Research and Development, Inc.
Minutes reviewed by: Tracey Packer, Steven Sams

HIV PREVENTION PLANNING COUNCIL MEETING

MARCH 26, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Barry Brinkley
Ellen Goldstein
Steven Sams

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Please read and bring:

- **Agenda**
- **Minutes of 2/26**
- **This Packet**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements	Ellen Goldstein	3:00 - 3:15 PM
2. Review and Approval of Minutes for 2/26	Ellen Goldstein	3:15 - 3:20 PM
3. Report on the Linkages Study	Rani Marx	3:20 - 4:00 PM
4. Public Comment	Ellen Goldstein	4:00 - 4:10 PM
5. HIV Prevention Director's Report	Barry Brinkley	4:10 - 4:40 PM
6. Break		4:40 - 4:50 PM
7. Discussion and Adoption of the Addendum to the Plan (Chapters which summarize the HPPC work of 1997) (Vote)	Steven Sams and Lyn Paleo	4:50 - 5:30 PM
8. Retreat Report and Discussion	Barbara Adler	5:30 - 5:40 PM
9. Steering Committee At-Large Member Election	Ellen Goldstein	5:40 - 5:55 PM
10. Closure and Evaluation	Ellen Goldstein	5:55 - 6:00 PM

Upcoming Meetings: ***Note: All meetings are open to the public and are held in handicapped accessible facilities. For April HPPC Committee meetings, see separate announcement.***

HPPC Meeting - Thursday, **April 9, 1998, 3-6 PM**, First Unitarian Church 1187 Franklin Street (@ Geary)
HPPC Member Retreat - Thursday, **April 16, 1998, 9:00 AM - 1:00 PM** Location to be Announced
HPPC Meeting - Thursday, **April 23, 1998, 3-6 PM.** First Unitarian Church 1187 Franklin Street (@ Geary)

LINKING SERONEGATIVE CLIENTS FROM HIV ANTIBODY COUNSELING AND TESTING TO PREVENTION SERVICES

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Introduction

CDC has attempted to increase the effectiveness of HIV C&T as a prevention intervention by emphasizing referrals to prevention services. CDC guidelines stipulate that high-risk seronegatives be provided with referrals to HIV prevention services.

There has been no evaluation of the extent of referral provision or of barriers to providing referrals.

Objectives

1. Assess prevalence of referrals to HIV prevention and non-prevention services given to high-risk persons receiving confidential seronegative test results in San Francisco.

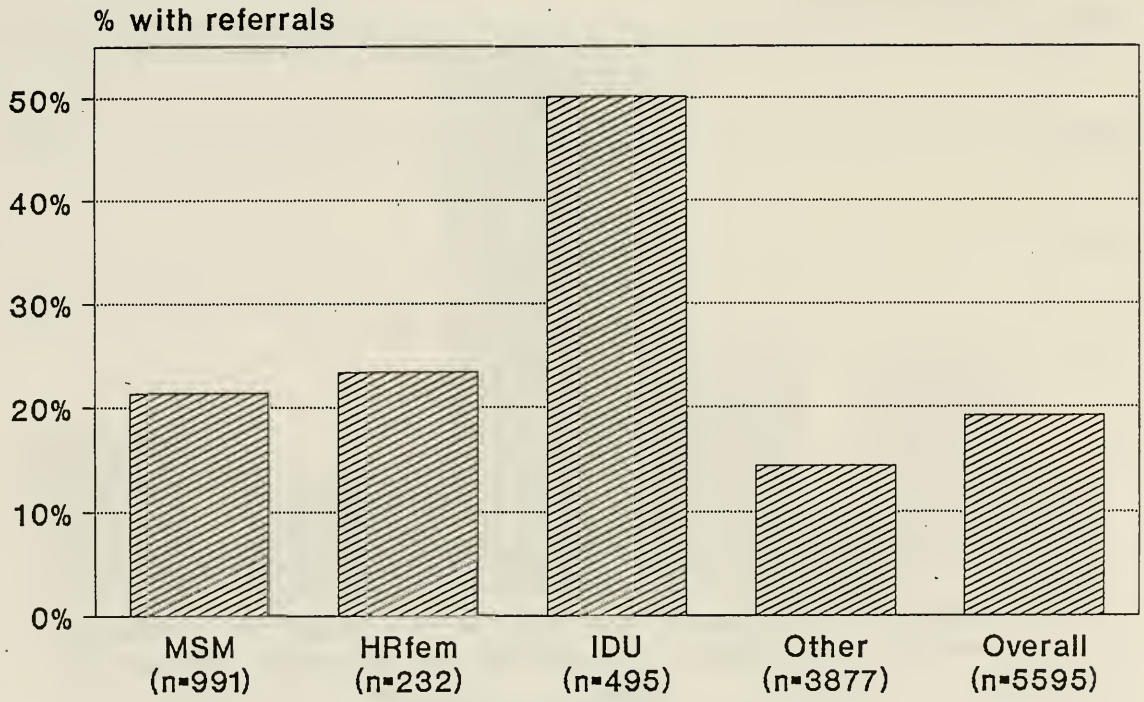
2. In-depth study to determine the types of referrals given, client characteristics associated with referrals, and counselor barriers to providing referrals.

Methods

Analysis of San Francisco CTRPN data on all persons receiving seronegative confidential test results in the first ten months of 1995 (n=7,010 of which 5,595 [80%] with behavioral risk information).

Gathered more detailed data on types of referrals and reasons for not giving referrals to all persons receiving seronegative confidential test results at the municipal STD clinic from November 1995 through May 1996 (n=864 of which 747 [86%] with behavioral/referral information).

SAN FRANCISCO SAMPLE 1/95-10/95
Referrals by Risk Group



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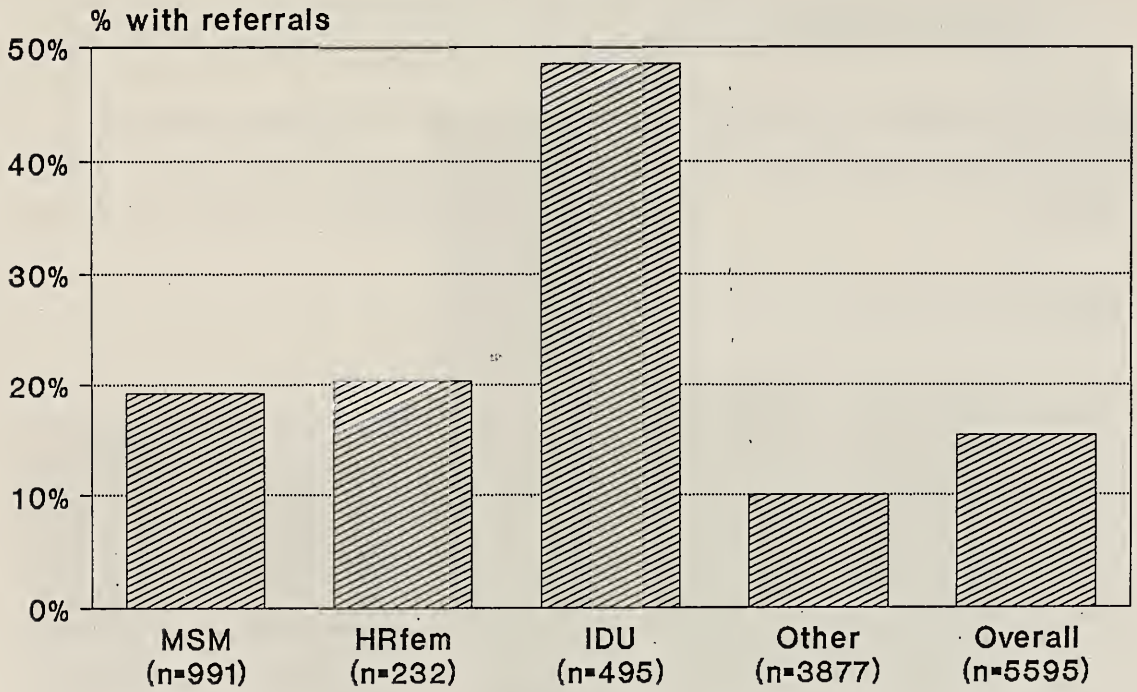
comparing the 4 risk groups

SAN FRANCISCO SAMPLE 1/95-10/95
Prevention Referrals by Risk Group



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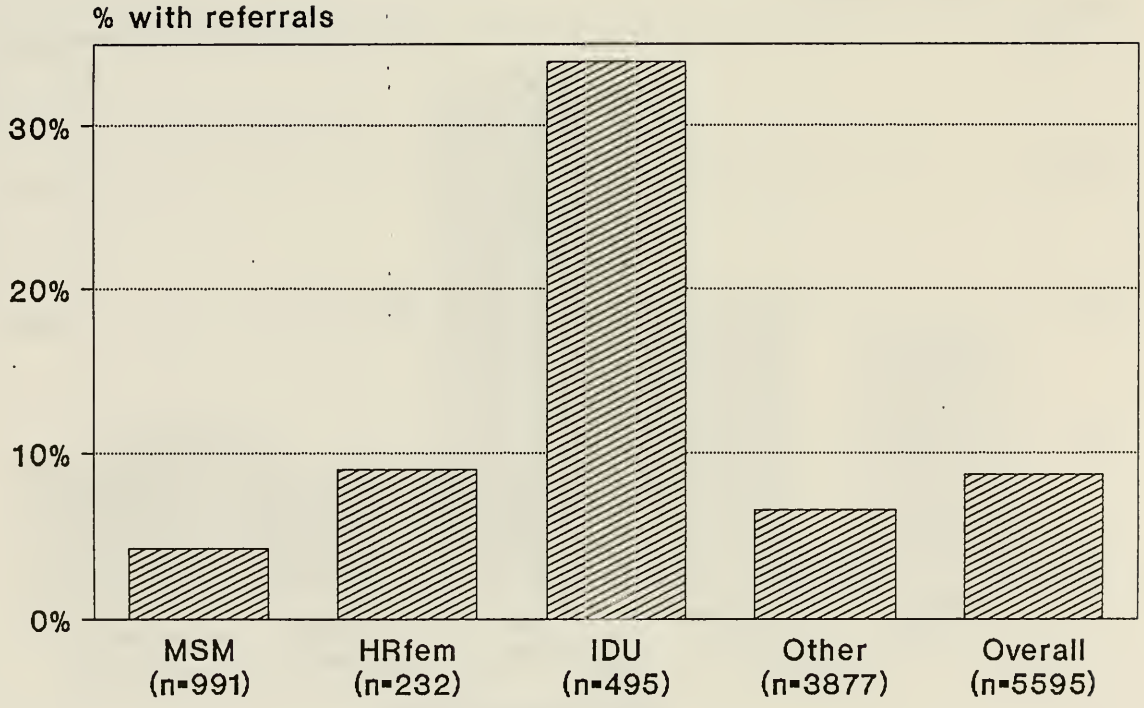
comparing the 4 risk groups

SAN FRANCISCO SAMPLE 1/95-10/95
Non-Prevention Referrals by Risk Group



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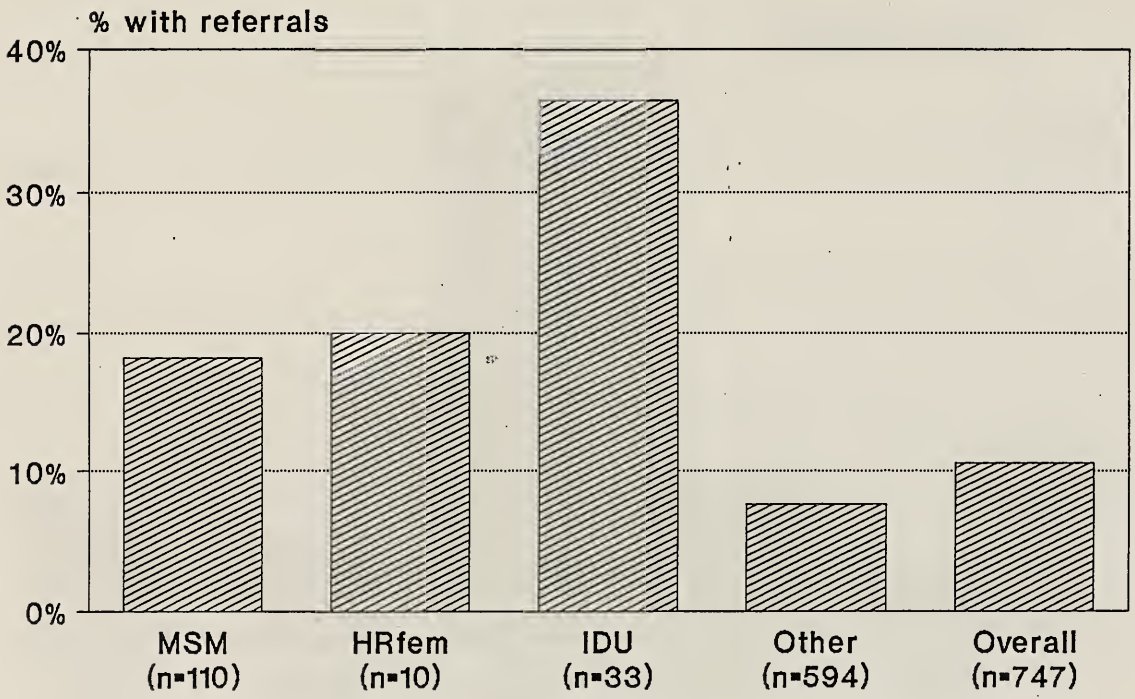
comparing the 4 risk groups

STD CLINIC SAMPLE 11/95-5/96
Referrals by Risk Group



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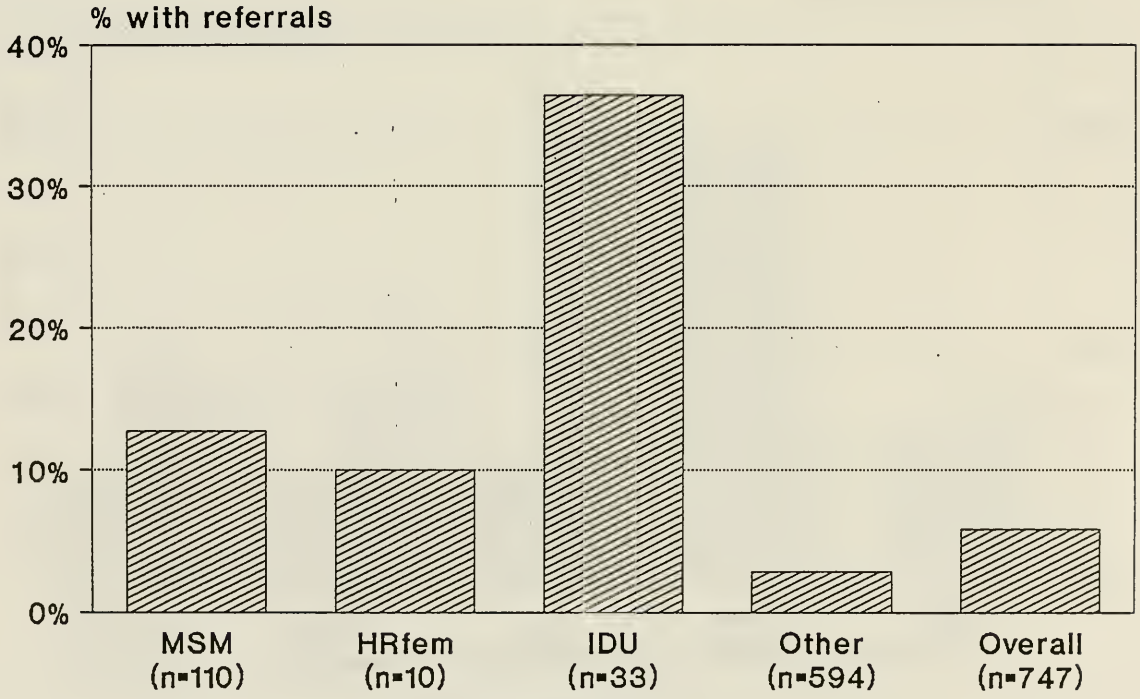
comparing the 4 risk groups

STD CLINIC SAMPLE 11/95-5/96
Prevention Referrals by Risk Group



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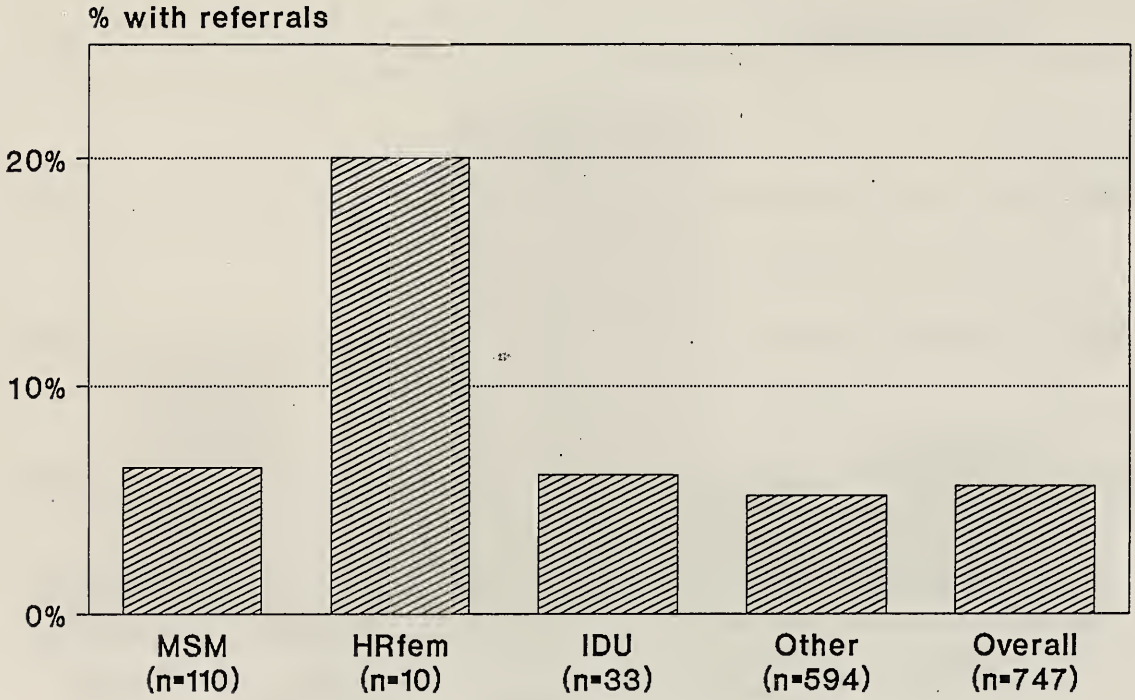
comparing the 4 risk groups

STD CLINIC SAMPLE 11/95-5/96
Non-Prevention Referrals by Risk Group



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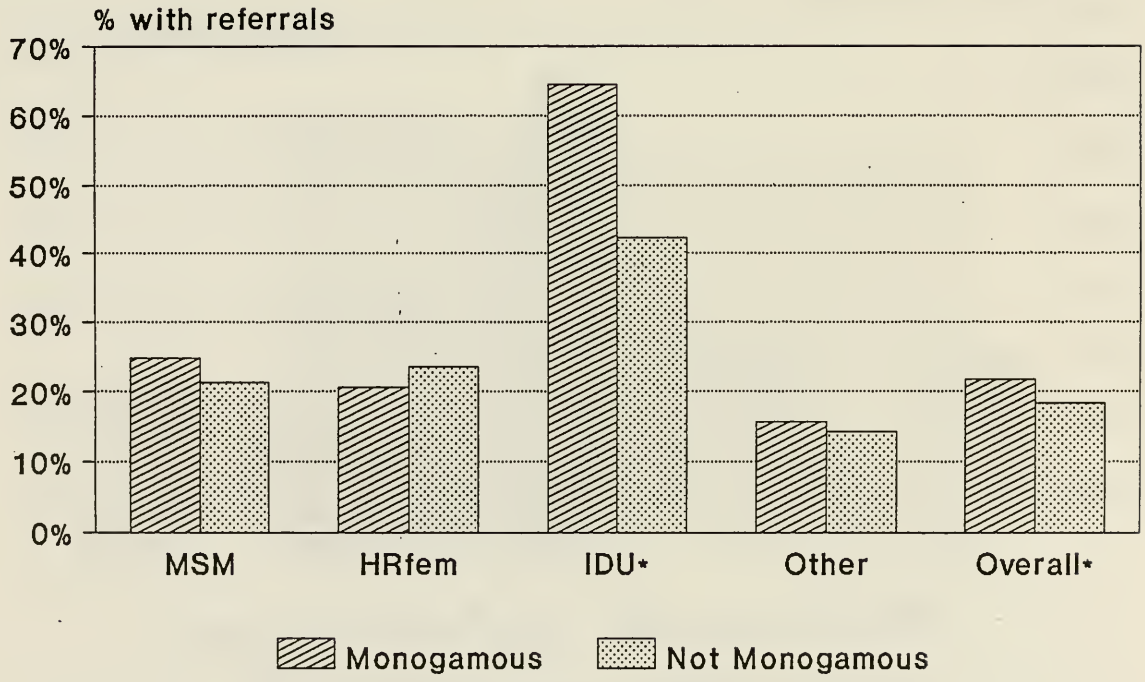
comparing the 4 risk groups

SAN FRANCISCO SAMPLE 1/95-10/95
Factors Associated with Referrals



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comparing the 4 risk groups

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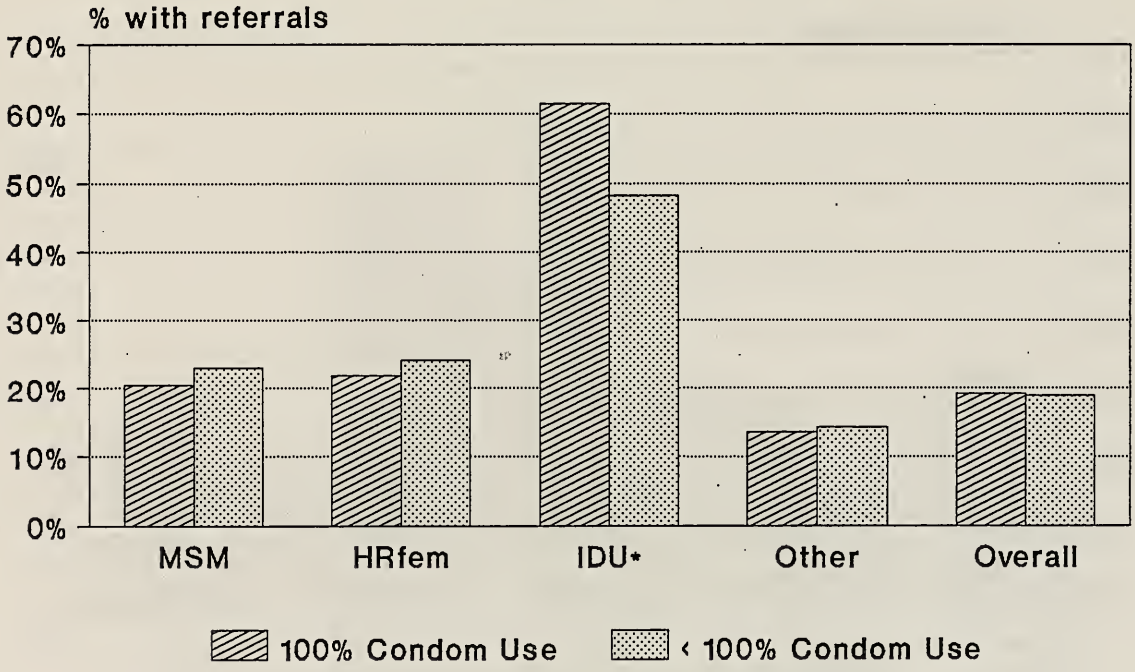
Factors Associated with Referrals



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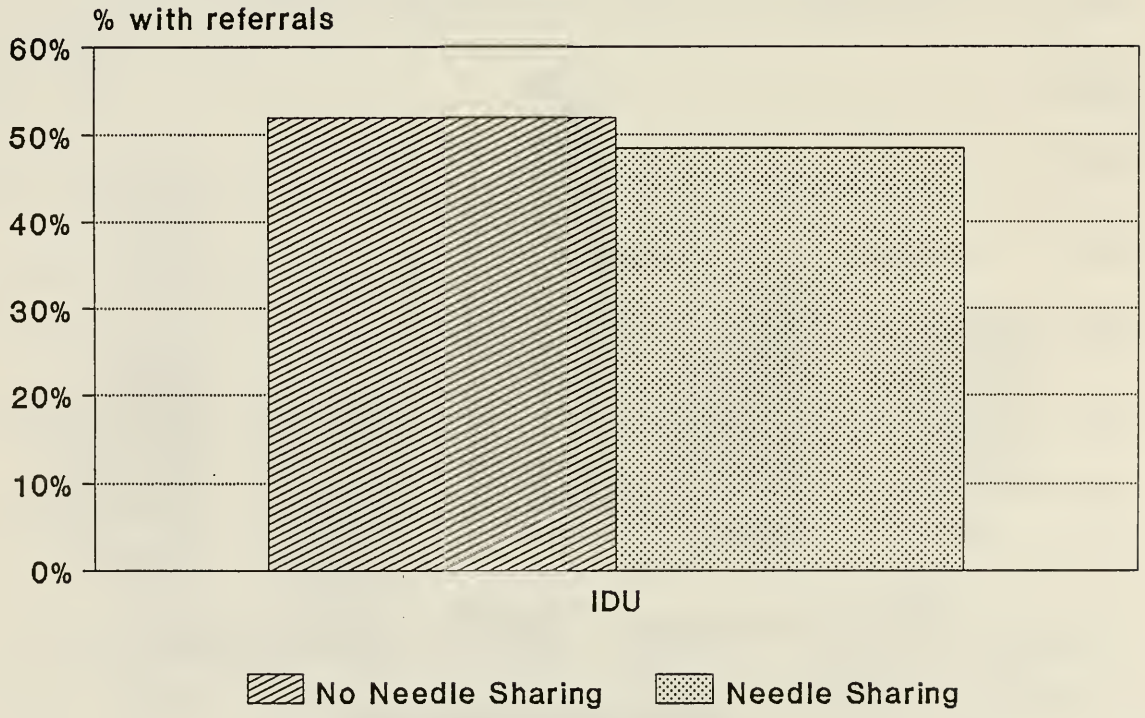
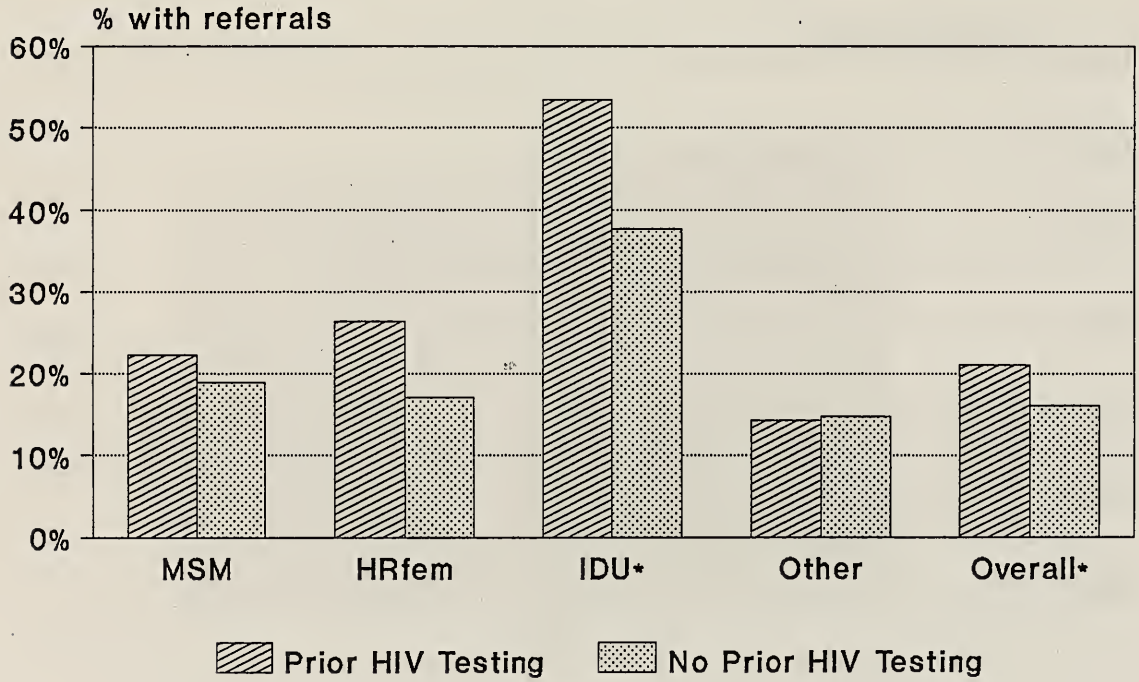
Factors Associated with Referrals

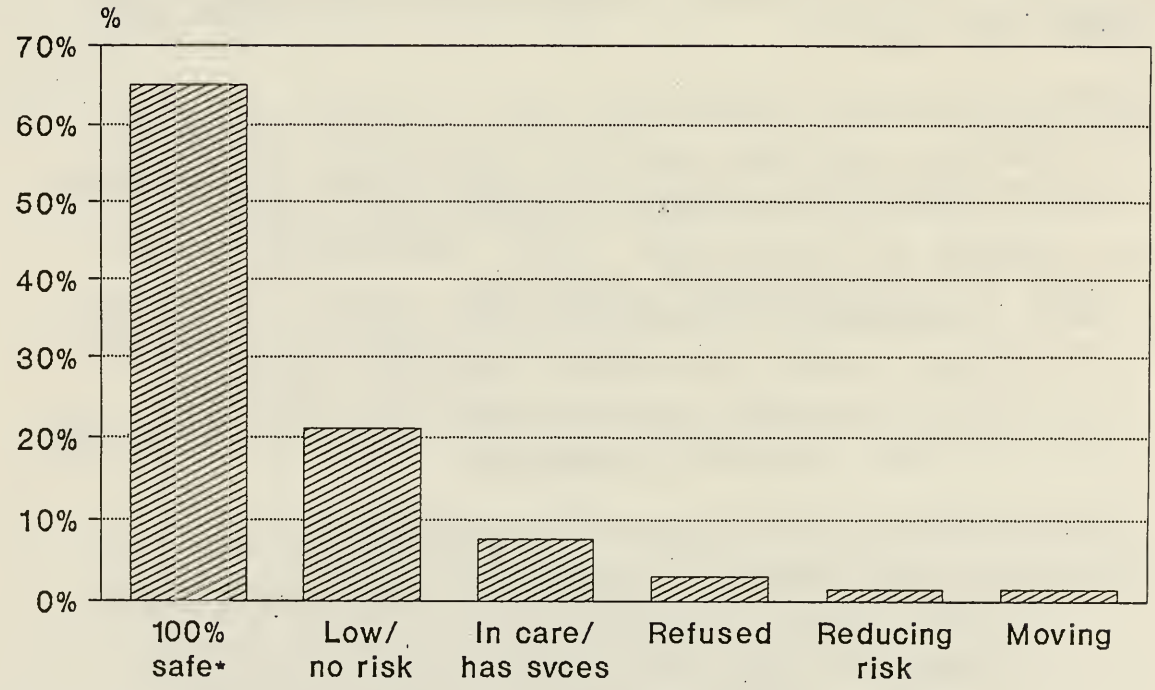


SAN FRANCISCO SAMPLE 1/95-10/95
Factors Associated with Referrals



*Chi-square p-value<=.05
comparing the 4 risk groups

STD CLINIC SAMPLE 1/95-10/95
Counselor Reasons For No Referrals
(Info. available for 52.1% of sample)



*86.6% not 100% safe past yr.

Discussion

- Clients in high-risk groups more likely to receive HIV prevention or non-prevention referral than others.

- However, prevalence of referrals low for MSMs and high-risk women.

- Unsafe sex not associated with a greater likelihood of receiving referrals; safe sex associated with greater likelihood of receiving a referral in S.F. IDUs.

Possible explanations for findings:
- lack of counselor training and provision of resources
- perceived conflict with client-centered approach
- counselor assessing current rather than past year risk
- lack of client interest in referrals

Opportunities to link high-risk seronegatives from HIV counseling and testing to prevention are being missed.

ACCESSING PREVENTION SERVICES AFTER HIV COUNSELING & TESTING AMONG HIGH RISK SERONEGATIVES

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Rani Marx, PhD, MPH, Douglas Sebesta, PhD,
Anne Hirozawa, MPH, Yanyuan Liu, MPH,
James G. Kahn, MD, MPH, Mitchell Katz, MD

San Francisco Department of Public Health
& University of California, San Francisco

Presented 2/27/98 Annual UARP Meeting

Introduction

Since HIV antibody counseling and testing (HIV C&T) is a time limited intervention, it is crucial that high-risk seronegatives be referred to ongoing HIV prevention services.

It is unclear how often high-risk seronegatives access HIV prevention services to which they have been referred.

Objective

We evaluated follow-through on HIV prevention referrals given to high-risk persons who test seronegative, prior to the administration of a randomized behavioral intervention.

Methods

Counselors at 4 confidential San Francisco test sites (the municipal STD clinic, jails, public health clinics, and the public hospital) recruit clients who are:

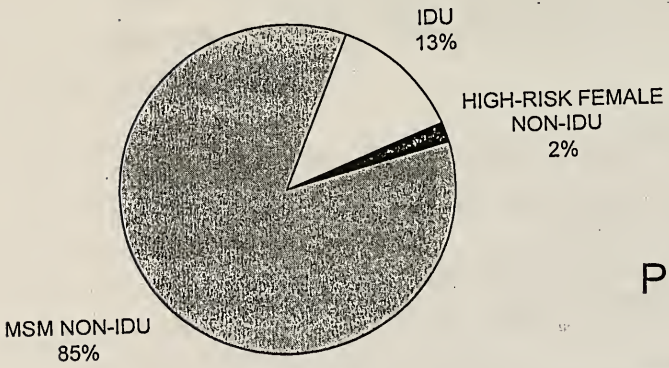
- 18 years of age or older
- English or Spanish-speaking
- SF Bay area resident
- received seronegative test result
- received at least one HIV prevention service referral
- MSM, IDU, or female with MSM, IDU, or HIV-positive partner past year
- not practicing 100% safe injection and safe anal or vaginal sex

Participants interviewed 2-3 weeks after getting test result

June 20, 1997-February 5, 1998, 123 eligibles identified, of whom 91 (74%) enrolled. Of enrollees, 46 (55%) interviewed (37% not reached, 8% pending). The study is ongoing.

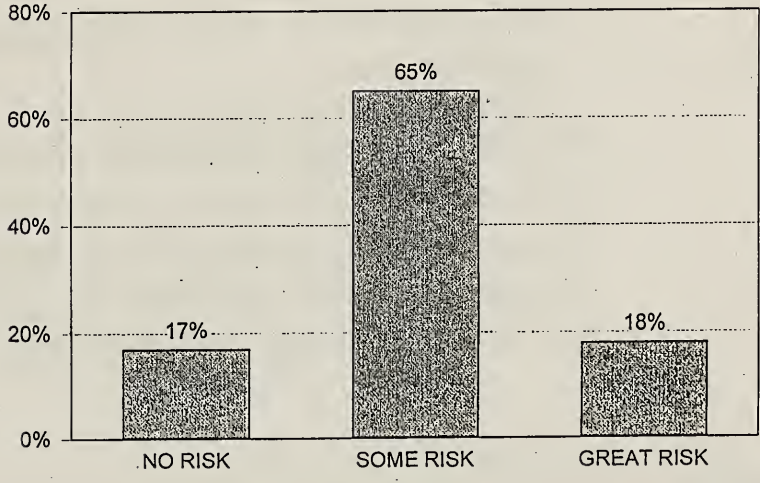
Results

RISK GROUP

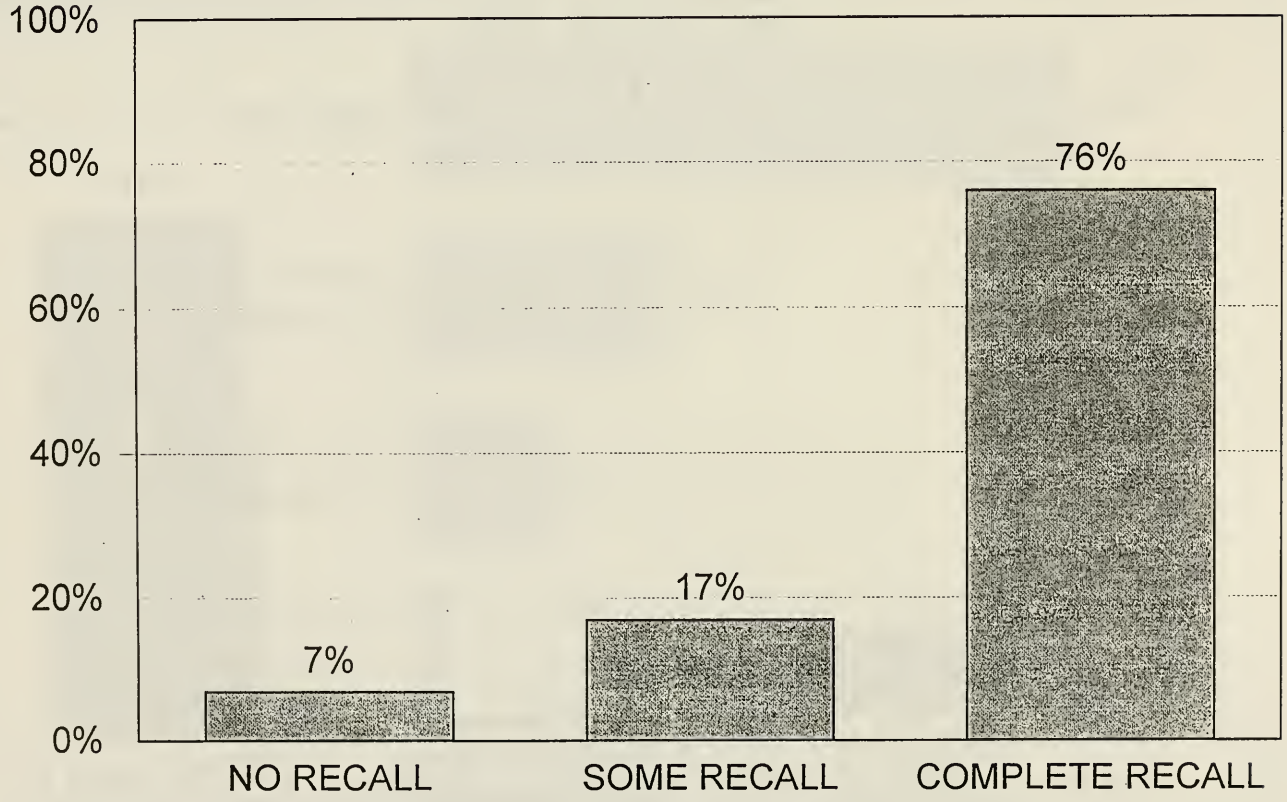


n=46 Interviewees

PERCEIVED RISK OF HIV INFECTION

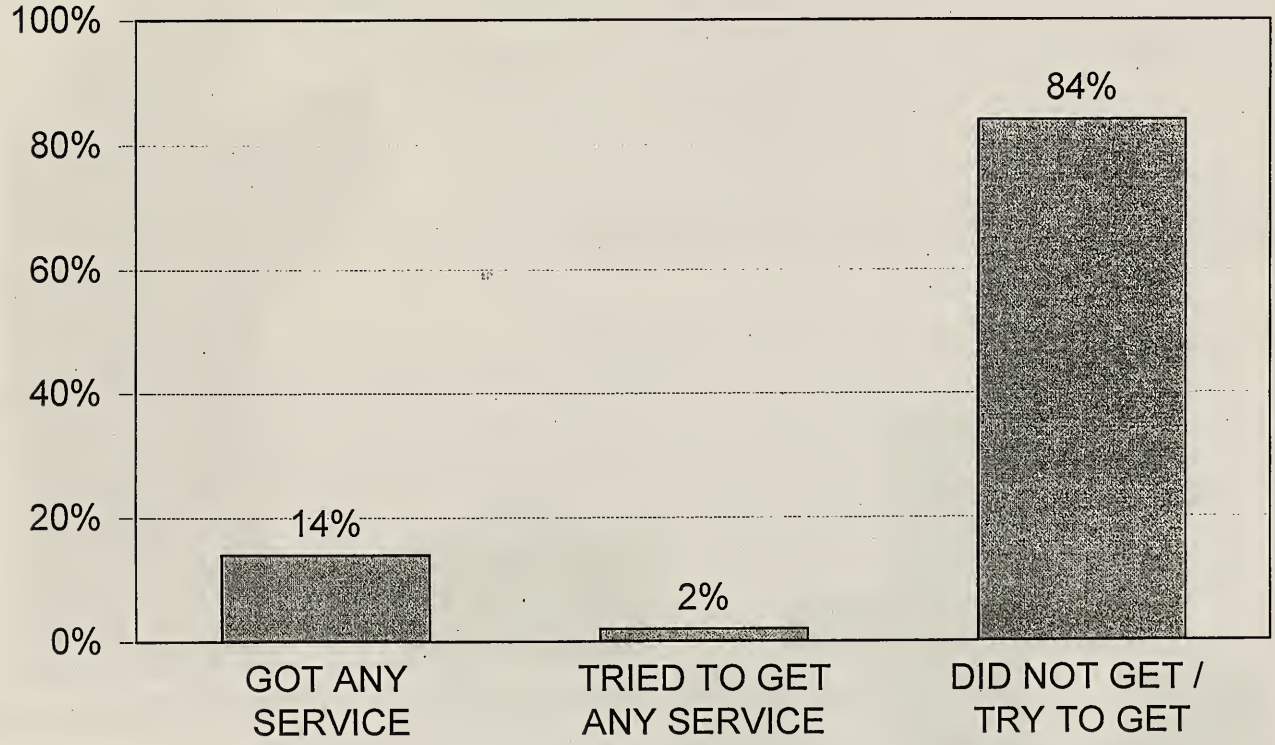


RECALL OF HIV PREVENTION SERVICE REFERRALS



n=46 Interviewees

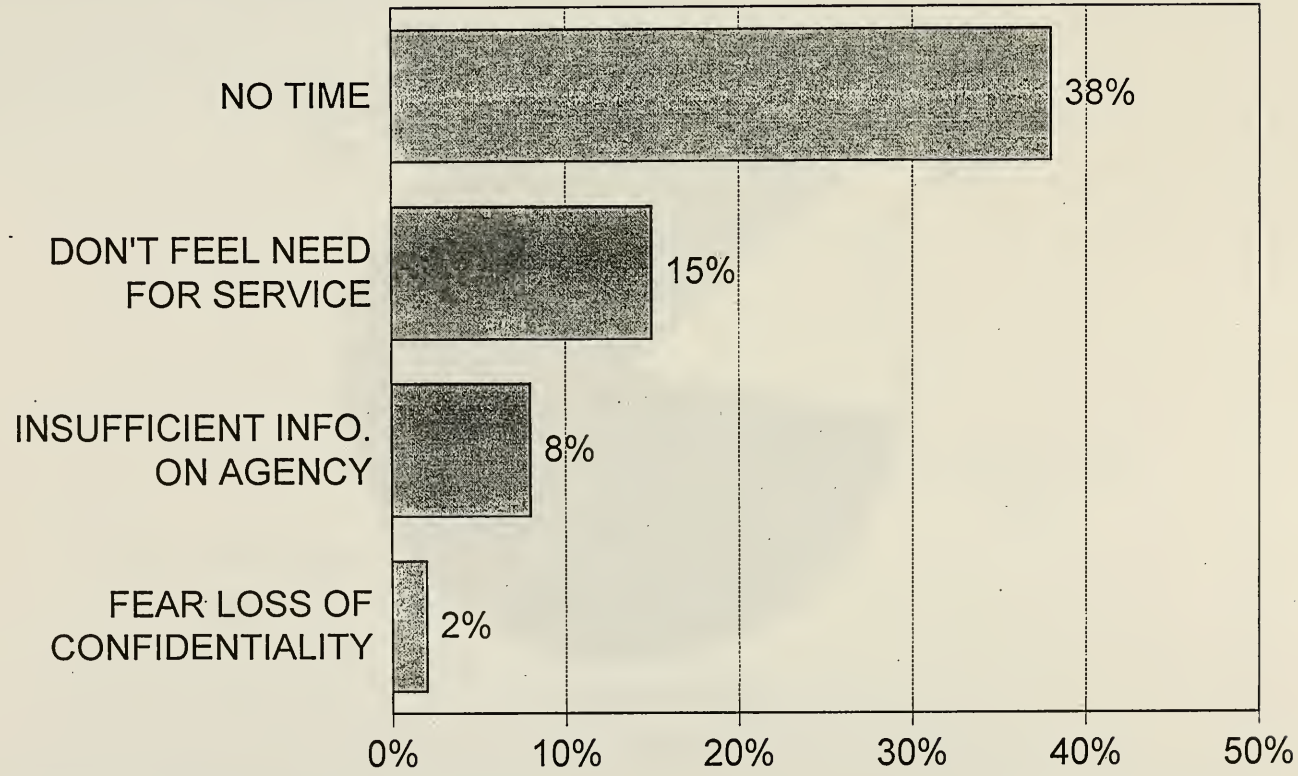
ACCESSING PREVENTION SERVICES 2-3 WEEKS AFTER RECEIVING TEST RESULTS



n=43 Interviewees

MOST COMMON BARRIERS TO GETTING SERVICES*

FOR PERSONS WHO ARE NOT ACCESSING REFERRALS

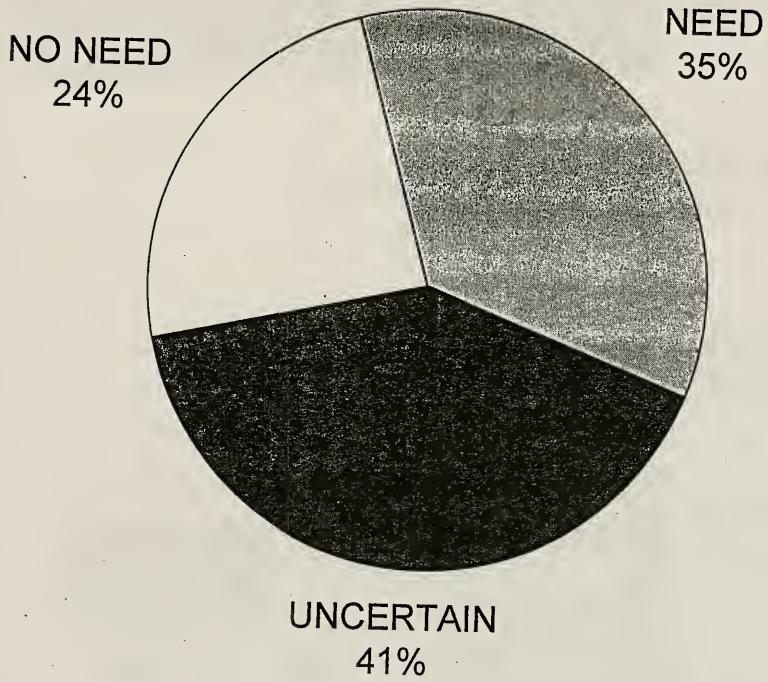


n=36 Interviewees with 48 Barriers

*Multiple responses possible

PERCEIVED NEED FOR REFERRALS

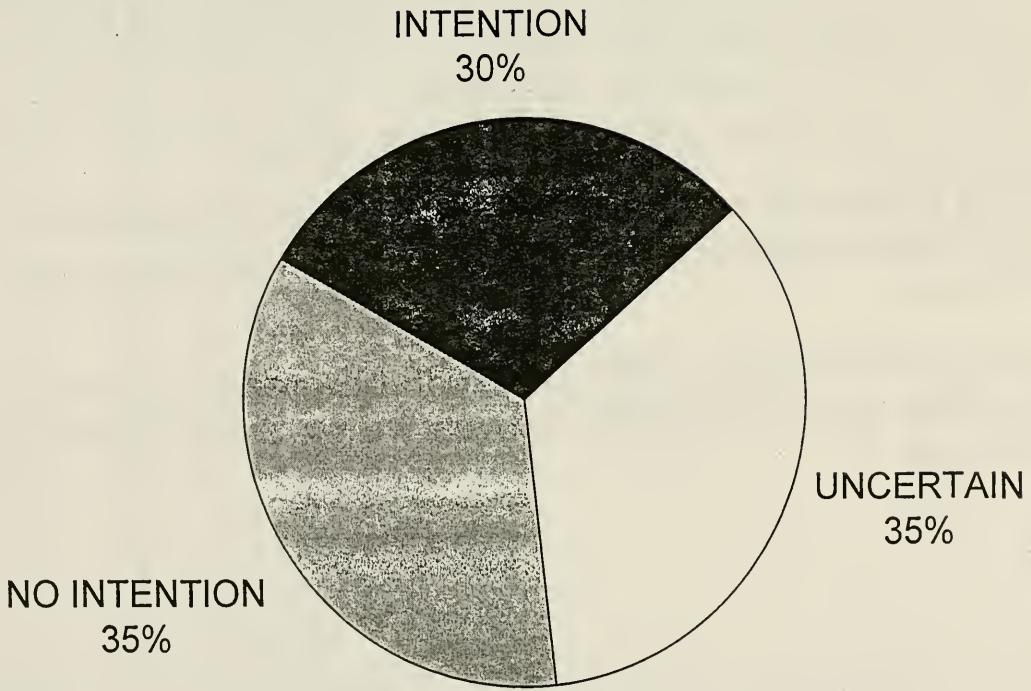
FOR PERSONS WHO ARE NOT ACCESSING REFERRALS



n=37 Interviewees

INTENT TO ACCESS REFERRALS

FOR PERSONS WHO ARE NOT ACCESSING REFERRALS



n=37 Interviewees

Discussion

Many high-risk seronegatives:

- acknowledge their HIV risk
- are open to prevention services
- recall prevention service referrals given

Some high-risk seronegatives independently access or try to access prevention services to which they have been referred.

The effectiveness of HIV C&T can be greatly improved by providing high-risk seronegatives with prevention service referrals.

DPH

HIV PREVENTION PLANNING COUNCIL
MINUTES OF MARCH 26, 1998

HPPC:	Thurs., April 9, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., April 23, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:

Barbara Adler
Bill Barnes
Michael Bogan
Barry Brinkley
Manny Dacalanio
Elizabeth Davis
Michael Discepola
Ellen Goldstein
Dredge Byung'chu Kang
Sacul L'Adnbre
Sonja Mackenzie
Helen Miramontes
Jimmie Naritomi

Members Absent:

Marcos Bañales
Brenda Escobar
José Ramon Fernandez-Peña
Jelousy Jiggetts
Valerie Kegebe
John Newmeyer
Henry Ocampo
Shawn O'Hearn
J. Colin Partridge
Dawn Passar
Jeff Poltl
María Rinaldi
Steven Sams
Steven Tierney
A. Toni Young

Leave of Absence:

John Blake West

Jennifer Lorvick
Byron Mason
Nashanta Stanley
Renee Williams

Guests:

Cynthia Laird, BAR
Ed Lee, Minnesota prevention planning process

Technical Support Staff:

Cory Endo, Harder & Co.
Rick Green, Harder & Co.
Lyn Paleo, Harder & Co.

Polaris R & D, Inc.

Emily Coles

Process Evaluation Team:

Pali Basi
Kathleen Roe
Kevin Roe
Alison Wakefield

AIDS Office Staff:

Delia Garcia
Tracey Packer

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1. WELCOME AND INTRODUCTIONS

Ellen welcomed those present and invited Council members and guests to introduce themselves. After introductions she initiated a moment of silence for people to reflect on why they are here and prepare themselves to focus on the tasks at hand. Ellen reviewed the agenda for this meeting and opened the floor for announcements.

Announcements

Member Absences

- Ellen reminded the group that the AIDS Update Conference is currently taking place, which may cause some members to miss this meeting. The following members notified the co-chairs of their absence in advance of this meeting: Brenda Escobar, Jose Ramon Fernandez Peña and Byron Mason. Brenda is recovering from dental surgery, Byron is presenting at the AIDS Update Conference and Jose Ramon is also at the Update Conference. Bill Barnes, Dredge Byung'chu Kang and Henry Ocampo will be arriving late, due to the Update Conference.

Rick Green

- Rick distributed a brief HPPC member interest survey, developed by the Input Committee, for Council members to complete and return to Rick or Lyn by the end of this meeting.

Dawn Passar

- Dawn announced that a community event called Hawaiian Night will be held April 12 at Big Heart City. The focus of this event is to bring HIV prevention into the Hawaiian community by presenting it in the Hawaiian language, and it will include traditional Hawaiian music and dance. Flyers are available at the back table. Those interested in further information can call Dawn.

Maria Rinaldi

- Maria announced that there was a meeting at the Brava Theater on Tuesday, March 24, at which organizations discussed the state of HIV and AIDS services for the gay and bi Latino community in San Francisco.

Helen Miramontes

- Helen announced that last week the Presidential Advisory Council passed a resolution of no confidence in the administration based on its lack of responsiveness in the area of HIV prevention, and particularly needle exchange. She will give a copy of this resolution to the Council co-chairs for distribution to members before the next meeting. The Secretary of Health and Human Services still has not certified the science of needle exchange, although the criteria that it prevent HIV infections and does not increase IV drug use have both been met and proven. It is currently thought that she has not discussed the issue with the president, despite scientific evidence in support of needle exchange as a prevention method, and the fact that representatives from many organizations, including the director of NIH, have expressed support for its certification to congress people and Whitehouse staff. The desire is for Secretary Shaleila to certify the scientific validity of needle exchange, and release Federal funding for local use in that area.

  Ellen added that Eileen Hanson, of the AIDS Legal Referral Panel, has postcards calling for an end to the ban on needle exchange, with Secretary Shaleila's address printed on the back. These cards can be obtained for those interested. Secretary Shaleila's address, for people interested in sending their own correspondence, is:

  Honorable Secretary Shaleila
  Secretary of Health and Human Services
  200 Independence Ave., Southwest
  Washington, D.C. 20201

Kathleen Roe

- Kathleen noted that the Council members' profile booklet has been completed and distributed. The information contained was offered by members, and compiled by Alison Wakefield. It includes members' backgrounds, lengths of membership, Committee involvement, other HIV-related and non-HIV related activities, etc. She noted that some members faxed their information too late to be included in this addition, but an addendum will be created including that information, and information that those already included would like to add to their profiles. Soon a compilation of support staff profiles will be created and distributed to the Council.

John Newmeyer

- John announced that he needs to leave at the break to attend a Treatment On Demand meeting, where the Council will finalize its prioritization of Treatment On Demand services for the year beginning July 1. Because IDUs have the second highest rate of HIV infection in San Francisco, and treatment is a form of prevention for that group, it may be a good idea for John to give a report on the Treatment On Demand prioritization at a future HPPC meeting.

Steven Sams

- Steven announced that the latest AIDS Action Alert reports that the Appropriations Committees for the House and Senate are beginning their work for FY 1999 on HIV prevention, research, CARE, training and housing (particularly HOPWA). Steven circulated a document listing the names and addresses of those involved in this process so that Council members can contact the appropriate people to request support for their funding priorities. He

also circulated a copy of the recent AIDS Research Institute newsletter, which contains information on partner studies. Finally, Steven noted that there is a job opening at the Billy DeFrank Lesbian and Gay Community Center, and asked that a posting of that position be attached to the minutes of this meeting.

Sonja Mackenzie

- Sonja announced that there are flyers on the Women's AIDS Network advocacy trainings at the back table. The first of these will be held April 4 in preparation for AIDS Lobby Day, on April 20. She noted that a needle exchange bill will be involved in that event.

Dawn Passar

- Dawn said that all day Saturday, March 28, Hastings Women's Law Journal will host a symposium called Economic Justice For Sex Workers. Information is available at the back table.

Helen Miramontes

- Helen noted that the Cultural Competency Task Force will next meet April 13, not April 3.

2. REVIEW AND APPROVAL OF MINUTES FROM FEBRUARY 26

Ellen asked for comments, questions or corrections on the 2/26 minutes. None were offered. John N. moved to approve the minutes without changes. The motion was seconded and passed with 12 in favor, none opposed and 4 abstaining.

3. REPORT ON THE LINKAGES STUDY

Ellen noted that, due to the presenter's need to leave this meeting early, public comment will be taken after the Linkages Study presentation, as listed on the agenda. She introduced Rani Marx, of the DPH.

Rani thanked the Council for organizing its agenda to accommodate her tight schedule, and noted that the presentation will draw directly from materials that were sent to Council members in the pre-meeting mailing. The first study to be presented is outlined in the packet entitled "Linking Seronegative Clients From HIV Antibody Counseling And Testing To Prevention Services", and was supported by the HPPC. The second is currently supported by the University-Wide AIDS Research Program at University of California, and is described in the packet entitled "Accessing Prevention Services After HIV Counseling And Testing Among High Risk Seronegatives".

Rani explained that "HRfem" denotes women with high-risk partners (IDU, MSM or HIV+), and "non-prevention referrals" are those not involving HIV prevention education, mental health or substance abuse treatment. Examples of non-prevention referrals are food and housing. Also, data include only referrals to specific places where clients can go to receive an item or service (i.e. lists of phone numbers or advice to buy condoms are not included). She further explained that statistics on monogamy, condom use and needle sharing were collected in recognition of the fact that members of high-risk groups may actually be at low risk if they practice safer sex and drug use behaviors. Rani noted that 86.6% of clients not given referrals because counselors perceived them to be practicing 100% safe behaviors were in fact not doing so.

Some of the conclusions drawn from this study are (taken directly from the materials provided):

- Clients in high-risk groups more likely to receive HIV prevention or non-prevention referral than others.
- However, prevalence of referrals low for MSMs and high-risk women.
- Unsafe sex not associated with a greater likelihood of receiving referrals; safe sex associated with greater likelihood of receiving a referral in S.F. IDUs.

Possible explanations for findings:

- Lack of counselor training and provision of resources
- Perceived conflict with client-centered approach
- Counselor assessing current rather than past year risk
- Lack of client interest in referrals

Opportunities to link high-risk seronegatives from HIV counseling and testing to prevention are being missed.

Rani explained that one possible reason for low referral rates (which is not included in the packet), is some counselors' belief that offering a referral to a client who reports safe behavior would break their rapport with that client. It was also noted in the study that counselors operate using an assessment of clients' current risk levels, and queried whether past behavior should also be considered.

Toni asked if agencies operating on a harm reduction model were distinguished in this study. Rani replied that they were not because that information was not available for the time period studied.

Next Rani outlined the current study, which focuses on clients accessing HIV prevention services once a referral is received. Because this study is in progress, the number of participants is still low. It is hoped that the study will conclude this summer, but researchers have found it difficult to locate qualified participants.

At this point the conclusions from this study are as follows (taken directly from the presentation):

Many high-risk seronegatives:

- Acknowledge their HIV risk
- Are open to prevention services
- Recall prevention service referrals given

Some high-risk seronegatives independently access or try to access prevention services to which they have been referred.

The effectiveness of HIV C&T can be greatly improved by providing high-risk seronegatives with prevention service referrals.

Questions and Discussion

Maria asked what high-risk groups are included in the second study. Rani reiterated that they are MSM, IDU (men and women) and high risk women (those with MSM, IDU or HIV+ partners). To qualify for the study, clients have to be practicing safer sex less than 100% of the time, and sharing needles if they are IDU.

John N. noted that not all members of a risk group have the same risk level, and counselors assess need for referrals in part according to the nuances of each client's behaviors and attitudes. The study of number of referrals given does not take this fact into account. Rani agreed that counselors consider various factors when deciding whether to give referrals, many of which are not included in

the study. She noted, however, that if only current behavior is considered (as is the case) then important information about past patterns and possible future behaviors is discounted. Rani stressed that the data presented are not intended to attack counselors, but expressed her opinion that they show an inappropriately low rate of referral.

Barb said that the information gathered by these studies is very important, and asked why anonymous testing sites were not included in the study of referral rates. She noted that at the UCSF AIDS Health Project testing sites the majority of clients are given referrals, and expressed the opinion that the first study presented tells more about City Clinic than testing sites in general. Rani responded that the study targeted all confidential testing sites in San Francisco for the first ten months of 1995. Only the section focusing on why referrals were not given was confined to City Clinic, which was chosen because it handles the greatest volume of clients. Barb noted that even that section of the study should not be considered representative of all SF testing sites because each has different counselor training methods, referral standards, etc. Regarding the question of why anonymous sites were not included, Rani explained that the researchers needed to be able to track clients. This is not impossible with anonymous sites, but much more difficult and costly to arrange. Barb said that AHP is currently doing follow-up research on anonymous clients, and finding the majority willing to participate. Lastly, Barb asked what types of referrals were given to IDUs. Rani said they were primarily substance abuse treatment and counseling, and needle exchange referrals.

Shawn recalled that in the first study counselors reported not giving referrals because clients were considered to be at no risk of HIV infection, and in the second study 17% of those interviewed said they perceived themselves to have no risk of infection. He noted that if clients actually had no risk then they would probably not go for testing. Rani replied that counselors were found to be mistaken in 86.6% of the cases when they thought clients were practicing 100% safe behavior, and in the second study the majority of clients thought they had some risk of HIV infection. Shawn expressed his opinion that it will never be possible to fully quantify the long-term effects of giving referrals, but that even without scientific data in support of their effectiveness referrals should automatically be part of counseling and testing. Rani said that counselor training is improving, and referrals receiving greater emphasis, but those who are already trained may not hear or utilize new information on the importance of referrals. She also noted that there are no incentives to give referrals to seronegatives, unless the organization is state funded.

Ellen opened the floor for public input.

Steven expressed surprise at the low referral rate. He also noted that the HPPC sets its priorities according to defined Behavioral Risk Populations, and asked why studies conducted in the field of HIV prevention do not also use those categories in order to better inform the Council in its prioritization process. Rani replied that the current study involves too few subjects to separate in that way. She explained that it would be ideal to conduct studies according to the BRPs, but often there is not enough information to do so. Steven responded that the prioritization process is always weakened by a lack of specificity in the available information and the research and service system's use of categories that are not compatible with those identified by the HPPC. He expressed the opinion that until providers and researchers begin to incorporate this body's categorization system the prioritization process will continue to be compromised by these discrepancies. Rani noted that there is now a DPH staff member who manages counseling and testing data, for the first time, and so data are now being collected at a much greater level of detail than previously. However, counseling and testing information from '95, '96 and part of '97 is incomplete.

Steven recalled that the main reason clients gave for not following up on referrals was lack of time,

and queried whether subjects were asked why they had no time. Rani replied that the interview was kept very brief in order to encourage greater participation, so specifics such as that are not addressed. In addition, client feedback included confusion about the stress given to prevention, so it may be inappropriate to ask too much unless good rapport has already been established.

Jimmie said that the number of clients this study was able to contact regarding their use of referrals is strikingly low compared to the total number that visit City Clinic. This illustrates that the expectations outlined in the Prevention Plan regarding referrals, follow-up and outcomes may be unrealistically high for some organizations. He noted that Council members might need to take this fact into consideration when evaluating programs.

Bill noted that some of the confidential testing sites offer other services as well, and asked if internal referrals were counted in the first study. Rani explained that until recently the counseling and testing forms did not include information on where clients were referred to, so it is impossible to tell if referrals were internal or not. Bill noted that discounting internal referrals could skew the data. Rani agreed, and noted that there are other factors that could also cause under-counting, but expressed the opinion that all the factors involved could not account for the large discrepancy between number of clients seen and number provided with referrals. Bill asked if a lower referral rate was reported at agencies which offer other services in addition to HIV testing. Rani was unsure.

Dawn noted that in studying the number of people who follow up on referrals it is important to note whether they are being referred to organizations that are culturally and linguistically appropriate. Rani said that those questions were asked in the second study, both of participants who did follow up on referrals and those who did not.

Sacul asked if the second study accounted for the fact that some clients may not have told the truth about their referral follow-up. Rani said that the researchers discussed it. It is not possible to ask agencies if specific clients have accessed their services, but the interview included several specific questions about clients' visits (for those who reported that they followed up on referrals) in order to help give the interviewer a sense of whether they are telling the truth.

Barb expressed appreciation for this research, and frustration with its results. She said that a city-wide referral network should be created, both to insure that more referrals are given and to make it easier for counselors to do so.

Rani said that referral training and resource referral lists in English and Spanish have been provided to the sites that participated in the second study.

Lyn noted that the Linkages chapter of the '97 Prevention Plan is about referrals and related issues.

4. PUBLIC COMMENT

Ellen welcomed guests and opened the meeting to public comment. She explained that each member of the public who wishes to speak will be allotted three minutes at this time, as well as time to comment on agenda items as they are addressed by the Council during the course of the meeting.

Ed Lee, participant in the Minnesota HIV prevention planning process

- Ed explained that the Minnesota equivalent to the HPPC is called the Commissioner's Task Force on HIV/STD Prevention. He is not a member of that body, but is active in its process as a member of the public, and has been elected to the Prioritization Subcommittee. This Committee is run by a Task Force member, and is charged with creating a funding prioritization for the next two years. This year's Prioritization Subcommittee and

Commissioner's Task Force decided to directly apply the epidemiological information to its CDC prevention funding..

Ed explained that a recent addition to the list of target populations for Minnesota is HIV+ men, and listed the other target populations that have been identified for that area. Funding is also allocated for research and evaluation, which is further separated into needs assessments, evaluation of current programs and new and innovative pilot programs. Minnesota will conduct a different application process this year than previously, which will result in a nearly $250,000 cut to youth-focused prevention (which was previously very well funded) and an increase in funding to other demographic categories. Ed listed some of the mandated seats and demographic representations on the Commissioner's Task Force on HIV/STD Prevention, and noted that the body is currently facing uncertainty on what these representations mean and how to involve the community in the planning process.

Sacul asked what a "consumer at risk" is (one of the mandated representations). Ed did not know. He explained that the Asian/Pacific Islander AIDS Network, which is CDC-funded, has drafted a letter of concerns regarding the Task Force and its process. This letter includes Sacul's question, and attempts to help the group bolster its accountability.

Tracey noted that the HPPC developed a Roles and Responsibilities document to help clarify for itself, and the community, some of the issues which the Minnesota prevention planning body may be discussing now. She suggested that that document may be of interest to the Minnesota body. Ed replied that Minnesota has a document on roles and responsibilities, but some of its guidelines require clarification. He noted that the group is struggling to determine how much of its time should be spent clarifying its own functions, and how much gathering input into the community planning process. Ellen said that the HPPC is facing similar dilemmas, and is this year particularly concerned with finding a means of connecting with the community in a more substantive way. She thanked Ed for coming and speaking.

Ellen asked for other public comment. None was offered.

Kathleen announced that Chata asked her to tell the Council that if he was not at the meeting by the end of public comment, then he has left San Francisco.

5. HIV PREVENTION DIRECTOR'S REPORT

Ellen reminded the Council that the HIV Prevention Director's Report has become a standing agenda item, and that at its last meeting HPPC members listed many of the issues they would like to be included in these reports.

Barry explained that he will discuss four issues at this meeting: 1. Grievance concern raised during public comment at the March 12 meeting 2. CDC Supplemental funding 3. Collaboration of the HPPC and STD section of the DPH and 4. NTFAP.

Grievance Procedure Language and Monitoring

Barry recalled that at the last meeting a community member named Michael Petrelis identified a problem with the contractual language around grievance procedures for prevention contractors. This problem was a clause that directed client complaints to an office in the Human Rights Commission that does not exist. Barry explained that the clause was entered into the contracts in 1973, and never removed. It will be re-examined, and changed to reflect the current intent, which is to delineate which grievances should be addressed by the HRC, and which must be addressed by the specific agency. Complaints that should go to the HRC are those regarding discrimination (sexual, racial, sexual orientation, etc.). Grievances that are within the purview of the specific agency, but which are not addressed to the satisfaction of the client, will be forwarded to the

agency's DPH contract manager for resolution. This change in contract language will effect every DPH contract, and is expected to have a greater impact on CARE services than prevention. Barry promised to report back to the Council when the actual wording of this change is set. He opened the floor for questions on this issue.

Bill thanked Barry for his responsiveness to the concern which was raised by Mr. Petrelis and seconded by several Council members. He noted that clients often do not follow prevention-related grievances to their completion because services are not perceived as absolutely essential (particularly by those who are HIV-) or because they can be obtained from a different agency. Conversely, complaints regarding providers of HIV CARE frequently *have* to be resolved in order for clients to get the services that they, as PLWH, absolutely require. He said that because of this difference, the prevention grievance procedure might need to be slightly different from that used for care services. Secondly, Bill asked if the HRC Patient Advisory Services Committee, to which the old contract language referred unresolved grievances, should be recreated. Barry replied that although that office no longer exists, the charge of the Human Rights Commission is to mediate all discrimination-related complaints involving city-funded agencies. Complaints regarding quality of service, for example, should not be addressed to that office. Bill suggested that, for the purpose of facilitating prevention-related grievances so that clients do not forego the entire process, an office be created to which all letters of complaint can be addressed. Barry said that that recommendation will be considered.

Helen seconded Bill's concern that if the grievance process is too burdensome to clients they will not follow it to its completion, and expressed the hope that this will be considered in the revision of the process. Barry informed the group that an ombudsperson is going to be provided to aid clients through the grievance process.

CDC Supplemental Funding

Barry reminded the Council that SF prevention services may be re-awarded the $517,000 which was cut from its budget last year, with the potential to receive an even greater amount. He said that the DPH has received no new information regarding CDC supplemental funding since the March 12 Council meeting. An update is expected at the St. Louis HIV Prevention Summit this weekend, which the planning team will attend. Again, the $517,000 is expected, and if higher funding is awarded competitively then San Francisco has a good chance of receiving it.

Tracey added that the DPH has been told that San Francisco will automatically receive $517,000, which is intended to backfill cuts. However, although this amount is automatic the DPH must write an application to show how it will be used. She added that San Francisco can also apply for funding under Evaluation and Prevention Enhancers for HIV+ People. As Barry said, the planning team will meet with Nick Farrell (the project officer) and other CDC representatives in the coming week to discuss the city's prevention funding opportunities.

HIV Prevention-STD Prevention Collaboration

Barry explained that he recently met with Wendy Wolf, the acting chief STD for San Francisco. Wendy has offered to give a presentation to the HPPC on what is currently happening in the field of STDs in the city, and to give regular updates in order to foster greater communication between the two fields. It is hoped that this communication will enable a level of joint prioritization planning.

NTFAP Update

Barry informed the Council that the DPH has been meeting with representatives from the NTFAP to address the administrative, fiscal and programmatic challenges which have been identified in that organization. This process is still under way.

Maria noted that a recent issue of the BAR reported that the '97 audit of NTFAP programs found "irregularities". She asked why the AIDS Office did not act on that finding immediately, and noted that financial problems become compounded over time. She also expressed concern for the future of the three local NTFAP programs, and asked how the AIDS Office plans to open the process of addressing the NTFAP challenges, as they effect those programs, to the community. Barry explained that every organization that receives funding from the DPH undergoes an annual auditing process, usually conducted by an external auditor hired by the DPH. The purpose of this process is to assess the fiscal structure and administration of each agency. When the contracted auditor's work is not satisfactory, an additional external auditor, or one from the DPH itself, is hired to examine the program(s) in question. In the case of the NTFAP, the external auditor found no financial discrepancies, but the DPH auditor, Eric Neisak, did. Eric developed a corrective action plan in conjunction with the agency, to be implemented over several months, and some of the problems that he identified have already been successfully addressed. Thus the AIDS Office did respond to the situation in a timely manner.

Regarding the BAR report, Barry noted that the article quoted the NTFAP deficit to be about $500,000. Such a deficit, unless accumulated within one fiscal year, should have been identified in previous years' auditing processes. The fact that it was not shows only that the previous auditor(s) did a disservice to the agency. However, the DPH has responded to this problem appropriately by conducting its own auditing process, providing the agency with feedback and working with it to develop and implement a corrective action plan. Barry explained that as a funding agency, the DPH has a fiduciary responsibility to be accountable for the quality of the fiscal management of agencies it supports. Its ability to live up to that responsibility depends on staffing level and the type of monitoring done, but the analyses necessary to identify financial problems were not implemented prior to Eric Neisak's visit in July, 1997. The AIDS Office is currently improving the quality of its monitoring to include a solid fiscal assessment, in addition to the previous programmatic assessment. The office is also seeking a new auditor to replace Mr. Neisak, who left in January, 1998.

In answer to Maria's question on opening the process around the NTFAP to public input, Barry explained that the DPH has a responsibility to insure that the work of the three local programs continue to operate and serve their intended target populations. Because the DPH has a contractual relationship with the NTFAP, it must first discuss the problems and plans with that organization, before the acceptance of public input is considered. This effort will continue at a meeting March 27, after which Barry will report back to the Council on the progress and decisions made.

Ellen reminded the Council that its initial response to the letter it received about NTFAP was to initiate a needs assessment for gay men of color. The Strategic Evaluation Task Force will be responsible for the oversight of this assessment, and will report back to the HPPC when results are available.

Delia noted that the monitoring of NTFAP programs in San Francisco is not yet completed, and completion of that process will better inform decisions regarding the future of those programs. Barry added that the CARE monitoring has been finished for this year, but prevention monitoring is still in progress.

Toni thanked Barry for his report, and said that it is clear the AIDS Office is committed to insuring the survival of the local NTFAP programs, but if the public is not included in the process then it may be viewed with suspicion. She said that the concern for many community members is where the programs will be housed, what infrastructure they will have and if the public will have the

opportunity to participate in these decisions. In particular, Toni expressed her concern that the programs will be housed within other organizations that have their own programmatic challenges and may adversely effect the ability of the NTFAP programs to serve their target populations. Barry replied that community input is being accepted and considered, but the primary obligation of the DPH is to work with the NTFAP itself to solve the problems it currently faces. This would be the case with any agency that contracts with the DPH and encounters internal challenges. He assured the group that the primary concern of all involved is continued quality service to the populations targeted by the NTFAP programs, and improvement of services in cases where required.

Ed Lee noted that the NTFAP also does national technical assistance, and asked if that funding also comes through the SF AIDS Office. Barry replied that it does not, because the NTFAP receives all its technical assistance money directly from the CDC. Ed asked if the SFAO has discussed with the CDC whether addressing the same problems on national and local levels with two separate entities may be too much stress on the NTFAP. He also noted that because of its technical assistance funding, fiscal problems within the NTFAP are felt throughout the nation. Barry responded that the purview of the SFAO is only the three local programs that it supports. However, to the extent that composite budgets are reviewed by the DPH as part of each organization's annual audit, this office does communicate with the CDC about programmatic issues beyond those presented locally. He noted that at this point it is unclear what portion of the deficit is local, and what is national. Barry concluded that the DPH is mindful of the national impacts.

Elizabeth asked if the figure reported in the BAR regarding the NTFAP deficit is correct, and where it came from. Barry said that the figure ($500,000) should be correct. Cynthia Laird, who wrote the article, said that the number was reported to her by Dick Pabich, Advisor to the Mayor on HIV/AIDS. Barry said that his understanding is that the executive director of the NTFAP quoted that amount to Dick, who told Cynthia, who wrote it in the BAR, which Barry read. He added that the NTFAP owes the SFDPH $70,000, but beyond that amount he is not certain. Elizabeth noted that although the deficit itself is not surprising, the amount is. She also expressed her concern for the future of the local programs, the Native American AIDS Project in particular.

Bill asked the AIDS Office to consider the possibility that the model on which the NTFAP operates may be at fault for its current situation, rather than the organization itself. He also noted that although the Mayor's office has expressed the desire to effect continued quality service to communities of color, information about the NTFAP which has been reported to the public has created fear and reticence about accessing services offered by its local programs. Bill expressed the opinion that the BAR should take responsibility for the way its reporting effects the community, and other offices involved should realize the effects of their actions in this situation as well.

BREAK

6. ADOPTION OF THE ADDENDUM TO THE PLAN

Ellen reminded Council members to complete the survey distributed by Rick at the beginning of the meeting and return it to him before leaving today.

Steven S. encouraged Council members to read the addendum and report any typographical or grammatical errors to Lyn Paleo. He introduced Lyn, and explained that after she presents the addendum the Council will vote on its adoption.

Lyn asked which Council members have not received the draft addendum (Sonja and Toni), and noted that it was mailed a week ago. She apologized to Dredge for having sent it to his former place of employment. Lyn stressed that the current document is a draft, and will be re-issued when the Council approves it and typographical errors are corrected. She reviewed that in 1997 the 737 page San Francisco Prevention Plan was developed based on the Council's work in 1996. In order to reduce the expenditure of documenting HPPC work, it was decided that addenda will be added to the Plan annually, rather than re-creating it. Thus, this draft document is based on the Council's work from 1997, and is intended to accompany the original publication. Lyn reviewed the structure and content of the addendum, which includes chapters outlining the work of each Committee and Task Force, the information they gathered, recommendations made, progress on the tasks described in the five year Prevention Plan, identification of tasks for the 1998 Committees, etc. She explained that chapter six of the addendum outlines information from the HIV Prevalence Consensus Meeting, which John N., Ellen and other Council members attended. Although this chapter does not adhere to the structure of the rest of the document in that it does not describe work done by the Council, the information from that meeting was too important to the Council's work to be excluded.

Regarding adoption of the addendum, Lyn noted that the content can not be changed because it relates to work already accomplished, but the Council needs to vote to officially agree that the document correctly represents its work from 1997. Thus, members can submit typographical, grammatical and formatting corrections to Lyn, as well as corrections regarding the way in which issues are represented, but content changes in terms of the actual decisions made can not be accepted. Corrections should be submitted by April 6. Lyn thanked those who participated in the process which led to the creation of this document; particularly Rick Green and Mike Pendo, who helped write it. She also thanked the Committee chairs and AIDS Office staff who reviewed and edited the document.

Ellen said that she enjoyed reading the addendum because it reminded her how much progress the Council made last year. She promised to give Lyn her suggestions on the text, and asked if other Council members felt the appendices should be at the end of the entire document, rather than each chapter. Jimmie noted that placing appendices at the end of each chapter follows the format of the original Plan, in which that was done because the document was very long and a compilation of appendices at the end would have been overwhelming. Tracey expressed the opinion that the format used is more user friendly than the alternative. Ellen noted that Council members' academic degrees are not listed with their names in the draft, while those of support staff are. She suggested that the listing of academic degrees be consistent, and asked Council members if they would like academic degrees to be listed. The group decided not to list academic degrees.

Maria noted that the Committee and Task Force membership listings in the addendum imply that only the Assessment Committee included community members, which is not true. She also suggested that members who attend only one Committee or Task Force meeting not be listed in the group's membership. Lyn agreed to review the attendance documentation and remove those who attended less than three meetings.

Steven T. moved to adopt the addendum. The motion was seconded and Steven S. facilitated the vote.

In favor: 16
Opposed: 0
Abstain: 4

The motion passed.

Sacul asked if community members on Committees and Task Forces are required to attend Council meetings. Ellen replied that they are not.

Sonja noted that some people believe the Sunshine Act prohibits abstaining in votes, and asked if that is true. Tracey replied that Amy Ackerman, of the City Attorney's Office, has told her that she has no documentation indicating that that is true.

Lyn distributed the new Committee and Task Force membership lists, which include technical support and AIDS Office staff in each group. She also distributed the 1998 Council, Committee and Task Force meeting calendar, which includes HIV/AIDS and prevention-related events throughout the year. Kathleen noted that Kevin Roe, the process evaluation staff member on every Committee and Task Force, is not listed on the first document distributed. Lyn noted that logistical support staff were also omitted, and agreed to add Kevin and logistical support to the membership lists.

Ellen thanked Lyn and her team for their hard work in creating the 1997 addendum to the Plan.

7. HPPC RETREAT REPORT AND DISCUSSION

Ellen reminded the Council that the Membership Committee is currently planning an HPPC retreat, and announced that Barb will present its progress.

Barb announced that she is the chair of the Membership Committee, which is composed of four HPPC members and six support staff. She thanked Emily Coles and Meridith Blank, of Polaris research and Development, Inc., for providing minutes of the Committee meetings. The retreat is scheduled for Thursday, May 7 at Stern Grove Park, 9:00 a.m. to 2:00 p.m. Barb noted that members who have a conflict with that date or time can notify her at 476-3612, and if it appears to be a significant problem the Committee will discuss changing the plan at its next meeting, which will be April 2. She recalled that the original date of April 16 was changed because it conflicted with the youth conference. The goals of the retreat are: to have fun, eat, bond, incorporate new members and increase the understanding of Committees' and Task Forces' goals. To that end, some activities will be done in small groups (by Committee/Task Force), but most as one large group.

Sonja asked how people will know which small group to attend if they are part of more than one Committee/Task Force. She also expressed the opinion that because members spend the most time with those on their Committees it would be more useful to do activities as a large group. Barb replied that most activities will include the whole group, but they will split up briefly in order for Council members to see who attends which Committees and Task Forces, and for those groups to present their tasks and goals to the rest of the Council.

Bill observed that the Council Co-chairs, Steering Committee and Membership Committee are all scheduled to meet on May 7. He also noted that it is difficult to take a full day off of work, and suggested that the retreat be spread over two half-days. Barb replied that that Membership Committee meeting will be cancelled. The Steering Committee can still meet because it is scheduled at 4:00, but the retreat and Steering Committee times can be modified to make attendance of both as convenient as possible. Mike D. requested that the Steering Committee meeting be moved to a different day so that members can go to work after the retreat. Maria suggested that that be discussed by the Steering Committee at its next meeting.

Steven noted that whomever provides refreshments for the retreat should bring plenty of water.

Sacul suggested that the retreat be held outside.

Mike D. asked if the Council will have an opportunity to comment on the specific agenda for the

retreat. Ellen suggested that those interested in giving input on the agenda attend the next Membership Committee meeting or contact Barb with suggestions.

Barb read the agenda:
Breakfast and socializing (1 hour)
Intro. to retreat (10 min.)
"Find someone who..." activity
Committees and Task Forces meet to discuss their goals (10 min.)
Committees and task Forces present their goals to the group (40 min.)
Lunch (45-60 min.)
One hour of fun (activity not yet formulated, probably outside)

Rick noted that at some point during the retreat there might be a brief discussion of the roles of Council members.

8. STEERING COMMITTEE AT-LARGE MEMBER ELECTION

Ellen explained that the Steering Committee will be composed of the three Council co-chairs, one chair from each Committee and Task Force and two at-large Council members. Also attending this Committee, but not voting, will be Tracey Packer as ex-officio DPH co-chair, technical support, process evaluation and AIDS Office support staff. This Committee will meet on the first Thursday of each month, 4:00-6:00 p.m., and its tasks will be to draft Council meeting agendas, review timelines, do Committee coordination and check-in, address issues raised during public comment and housekeeping issues raised during meetings, and review bylaws developed by the Membership Committee. Ellen distributed a list of those eligible to serve as at-large members to the Steering Committee, and noted that Dredge and Jeff's names were crossed off because they do not want to be elected. The current members of the Committee are: herself, Barry, Steven S., Sacul, Mike D., Barb, Sonja and Bill. Ellen reminded the Council to consider parity, representation and inclusion in their choices of at-large members.

Henry asked who is the chair of the Strategic Evaluation Task Force. Ellen replied that a chair has not yet been elected for Strategic Evaluation, and noted that Colin and John N. are both members of that group and eligible for at-large Steering Committee membership.

Lyn suggested that because one can not serve both as Committee representative and at-large member, the at-large member election be held today, but re-held if Colin or John N. is chosen for both positions. Bill suggested that if that occurs the at-large position go to the person with the next highest number of votes. Jimmie expressed support for Lyn's idea.

Ellen asked the Council if it would prefer to re-vote for at-large Steering Committee member or take the second place winner if Colin or John N. is elected for that position and for Strategic Evaluation chair as well. Seven members supported the first option, and nine supported the second.

The Council agreed to award at-large membership to the person receiving the next highest number of votes if Colin or John N. is chosen and becomes unable to serve due to election as Strategic Evaluation chair.

Ellen reminded the group that the Brown Act requires public voting, but not roll call, and that each member should vote twice. She facilitated a vote by show of hands:

Elizabeth Davis: 13
John Newmeyer: 1
J. Colin Partridge: 9
Nashanta Stanley: 5

Steven Tierney: 5
Toni Young: 9

Ellen facilitated a second vote to break the tie between Colin and Toni.

J. Colin Partridge: 9
Toni Young: 11

Elizabeth and Toni are the at-large Steering Committee members.

9. CLOSURE AND EVALUATION

Ellen thanked members for their participation and reminded them to complete the meeting evaluation form.

Attachments to these Minutes:

- Membership survey
- Hawaiian Night flyer
- Billy DeFrank job announcement
- Women's AIDS Network flyer
- Hastings Women's Law Journal flyer
- Committee and Task Force Membership listing
- Council, Committee and Task Force meeting calendar

Note: an article entitled Immunomodulation by nitrite inhalants may predispose abusers to aids and Karposi's sercoma was also madde available at the back table during this meeting. Copies of this article may be obtained from the AIDS Office.

PUBLIC NOTICE

HPPC COMMITTEE AND TASK FORCE MEETING SCHEDULE

REVISED 4/3/98

MONTH OF APRIL, 1998

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Meeting Dates/Times

(for Specific Agenda, See Separate Committee Meeting Announcement)

1. Membership Committee	April 2. 1998	12:00 - 2:00 PM	AIDS Office
2. Steering Committee	April 2, 1998	4:00 - 6:00 PM	AIDS Office
3. Community Outreach Committee	April 7, 1998	12:00 - 2:00 PM	AIDS Office
4. Strategic Evaluation Task Force	April 8, 1998	12:00 - 2:00 PM	AIDS Office
5. Cultural Competency Task Force	April 13, 1998	11:30 - 2:00 AM	AIDS Office
6. Community Input Committee	April 22, 1998	3:00 - 5:00 PM	AIDS Office

⊛⊛⊛ *UPCOMING HPPC MEETINGS* ⊛⊛⊛

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, **April 9, 1998, 3-6** PM, First Unitarian Church 1187 Franklin Street (@ Geary)
HPPC Meeting - Thursday, **April 23, 1998, 3-6** PM, First Unitarian Church 1187 Franklin Street (@ Geary)

HPPC Member Retreat - Thursday, **May 7, 1998, 9:00 AM to 2:00 PM**

REVISED 4/6/98

HIV PREVENTION PLANNING COUNCIL MEETING

APRIL 9, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Barry Brinkley
Ellen Goldstein
Steven Sams

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Please read and bring:

- **Agenda**
- **Minutes of 3/12**
- **This Packet**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements: A. HIV Prevention Summit B. Recruitment of New Members	Steven Sams	3:00 - 3:30 PM
2. Review and Approval of Minutes for 2/26	Steven Sams	3:30 - 3:35 PM
3. Public Comment	Steven Sams	3:35 - 3:45 PM
4. HIV Prevention Director's Report: A. Update on Program Monitoring B. AIDS Office Organizational Chart C. Update on NTFAP Local Programs	Barry Brinkley	3:45 - 4:00 PM
5. Brown Act Survey Results	Ellen Goldstein	4:00 - 4:15 PM
6. Attendance Policy	Steven Sams	4:15 - 4:30 PM
7. Break		4:30 - 4:40 PM
8. Orientation to San Francisco's Fiscal Picture - Optional Vote for Ltr to Mayor Regarding General Fund	Barry Brinkley	4:40 - 5:25 PM
9. Committee/Task Force Updates/Community Members	Committee / Task Forces Chairs	5:25 - 5:55 PM
10. Closure and Evaluation	Steven Sams	5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities. For April HPPC Committee meetings, see separate announcement.

HPPC Meeting - Thursday, **April 23, 1998, 3-6 PM**, First Unitarian Church, 1187 Franklin Street (@ Geary)

HPPC Member Retreat - Thursday, **May 7, 1998, 9:00 AM - 2:00 PM,** Stern Grove, 19th Ave (@ Sloat)

HPPC Meeting - Thursday, **May 14, 1998, 3-6 PM**. First Unitarian Church 1187 Franklin Street (@ Geary)

DPH

HIV PREVENTION PLANNING COUNCIL
MINUTES OF APRIL 9, 1998

HPPC:	Thurs., April 23, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., May 14, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:

Marcos Bañales
Bill Barnes
Michael Bogan
Barry Brinkley
Manny Dacalanio
Elizabeth Davis
Michael Discepola
Brenda Escobar
José Ramon Fernandez-Peña
Ellen Goldstein
Dredge Byung'chu Kang
Sacul L'Adnbre
Jennifer Lorvick
Sonja Mackenzie
Byron Mason
Helen Miramontes
John Newmeyer
Henry Ocampo
Shawn O'Hearn
Tracey Packer
J. Colin Partridge
Dawn Passar
Jeff Poltl
María Rinaldi
Steven Sams
Nashanta Stanley
Steven Tierney
John Blake West
A. Toni Young

Members Absent:

Barbara Adler
Dave Hubbard
Jelousy Jiggetts
Jimmie Naritomi

AIDS Office Staff:

Delia Garcia

Guests:

Anthony , NAAP
Eric Brown, Program Director of New Village
Darren English, client of NAAP
Cynthia Laird, BAR
Mario Solis-Marich, Executive Director of NTFAP
Hank Wilson, ACT UP Golden Gate
Elizabeth Winterhawk, Native American activist

Technical Support Staff:

Rick Green, Harder & Co.
Lyn Paleo, Harder & Co.

Polaris R & D, Inc.

Emily Coles

Process Evaluation Team:

Kathleen Roe
Kevin Roe
Alison Wakefield

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1. WELCOME AND INTRODUCTIONS

Steven S. welcomed the Council members and guests, and opened the floor for introductions.

2. ANNOUNCEMENTS

Member Absences

- Ellen announced that Dawn Passar will miss this meeting due to Passover. Barb Adler is also absent, due to a CTRPN training which she is attending with Lyn Fischer Ponce, of the AIDS Office. Tracey announced that Dave Hubbard is stuck in L.A. because planes are not being allowed to depart.

Kevin Roe

- Kevin announced that a list is available at the back table for Council members to give their e-mail addresses to the Steering Committee. He also noted that the directions to the retreat should specify that the long block after St. Francis Circle has several small side streets.

Kathleen Roe

- Kathleen said that some comments were accidentally omitted from the evaluation results mailed to Council members. A second document has been created with the addition of those comments. Secondly, Kathleen noted that the first of a new quarterly log has been distributed. This log was developed by the support staff and lists meeting dates, issues discussed by the Council, formal votes held, etc.

Lyn Paleo

- Lyn noted that flyers containing Council retreat information, including instructions on how to get there, have been distributed. Also being distributed is the first Committee and Task Force update, which outlines the current tasks of each group, meeting dates and times, etc. She

asked members for feedback on the usefulness of this information and the format in which it is presented, and noted that if it is useful then an update newsletter can be distributed each month. She also asked members to help think of a more interesting title for this publication.

Steven Tierney

- Steven announced that a forum on youth and substance abuse issues was held earlier today. Representatives from 65 different organizations attended, and one of the agreements which came out of the meeting was the desire to organize a youth and substance abuse services planning body that would operate similarly to the HPPC.

Bill Barnes

- Bill announced that he will be leaving HIFY as of April 10, and will begin working as assistant to Dick Pabich in the Mayor's office on April 13. Bill intends to continue serving on the HPPC, and feels that this change of employer will not effect his participation or representation.

Helen Miramontes

- Helen announced that the needle exchange issue has finally gained attention in the White House. Secretary Shaleila is advocating for needle exchange, and Erskin Bowles has said that a final decision will be made in the next few days.

Sonja Mackenzie

- Sonja said that she has flyers and registration forms for AIDS Lobby Day, which will be April 20.

Steven Sams

- Steven announced that he has left copies of Focus newsletter at the back table. Focus contains good articles about HIV-related issues, and this issue includes an article on meth-amphetamine use and gay identity. Steven also noted that the latest publication of Castro Lion newsletter contains HPPC membership applications.

  Regarding the recent Prevention Summit in St. Louis, Steven said that it was a great experience and a good opportunity to network with others in the field. He has brought back different materials that were made available there, including a social marketing manual that may be of particular use to the Outreach Committee.

Barry Brinkley

- Barry said that one of the highlights of the conference was that this was the first time representatives from the six directly (CDC) funded cities discussed ways to share information and otherwise network and collaborate on a national level. The group developed a consensus letter that encourages better working relationships between the cities' HIV prevention planning bodies and their respective DPH Offices of AIDS. The CDC's plan to hold regional meetings to address HIV prevention efforts was also discussed, and the group agreed that these meetings should not occur because such a method would undermine attempts to establish one unified front against HIV. The CDC will be informed of this opinion, but it remains to be seen how that information effects its decision on the issue.

Ellen Goldstein

- Ellen noted that the HPPC co-chairs talked with San Francisco's CDC program officer, Nick Farrell, at the conference. He encouraged them to help the HPPC proceed slowly and carefully in order to build a strong prevention foundation. Mr. Farrell was impressed by this body's progress, especially in regards to behavioral risk assessments and the cultural competency tool. The latter of these, as well as the Roles and Responsibilities chapter from the SF Prevention Plan, made an impression at the conference, and copies were requested by many in attendance.

Lyn Paleo

- Lyn said that she enjoyed presenting with the state technical assistance pool about different models for providing technical support to community planning groups. She added that the specificity and depth of many presentations made them useful and interesting, but at times overwhelming.

Kathleen Roe

- Kathleen explained that she and Kevin led a workshop on the culture of community planning. One of the focuses of this presentation was the importance of insuring that the culture of the process itself does not overshadow or undermine those of the people involved in it. The culture of service providers was also discussed. Kathleen also commended Kevin, Rick and Valerie for working together to present the cultural competency tool when those who planned to present it (Tracey Packer and Ronnie Ashley) found themselves unable to attend.

John Newmeyer

- John reported that the Treatment On Demand Council has finalized its prioritization of substance abuse services for the fiscal year starting this July. He noted that some of the issues addressed by that body relate very closely to HIV prevention. Among these are methedone treatment, the homeless population, and meth-amphetamine use among gays. All three of these areas will receive greater funding in the coming year, which reflects the Council's recognition that drug treatment is HIV prevention. John expressed the opinion that a strong process was followed in the prioritization effort, and one that was similar to that used by the HPPC.

Elizabeth Davis

- Elizabeth announced that the HPPC is now accepting nominations for new members. Council members have been mailed and faxed nomination forms, which can also be requested from Betty Chan Lew, in the AIDS Office. The application deadline is the end of April, new members will begin attending meetings in June, and voting in August. Elizabeth encouraged members to nominate people and invite them to observe Council Committee meetings. It is also important to inform those nominated of the time commitment required for Council membership, as well as the responsibility it confers with regards to representing the community. Elizabeth has recruited a young woman who does street outreach in the Tenderloin and a young man from the Bayview/Hunters Point area. She noted that young people are sometimes intimidated by the community planning process, but it is important to actively seek their representation on the Council.

Steven S. led the group in a silent moment to reflect on its purpose and mentally prepare for today's tasks.

1. REVIEW AND APPROVAL OF MINUTES FROM MARCH 12

Steven S. asked for comments on the 3/12 minutes. Ellen moved to approve the minutes without changes. The motion was seconded, and the minutes approved unchanged (21 in favor, 0 opposed and 3 abstaining).

2. PUBLIC COMMENT

Darren English

- Darren read a letter that he has sent to the Native American AIDS Project, Mayor Brown, Mitch Katz, the DPH and the Board of Supervisors. The letter states that as a client of NAAP for several years, Darren has found the organization invaluable to the Native American community and unique in the services it provides that group, as well as the cultural sensitivity

with which they are provided. He requests that NAAP be supported in this time of transition.

Toni asked Darren what the HPPC should do to help assure the survival of NAAP. He replied that the organization should be empowered to make its own decision regarding a fiscal agent, and the Council should support it in that effort. He added that the staff and administration of NAAP are incredibly competent. Toni asked what kind of support NAAP needs. Darren replied that other NAAP representatives present could better answer that question. Toni agreed to discuss it with them at another time.

Hank Wilson

- Hank said that he attended the National AIDS Update Conference in San Francisco, and was disappointed by the climate surrounding needle exchange. At the needle exchange presentation by Sandy Thurman, head of the AIDS Policy Office, Hank was the only person who expressed outrage at the lethargy with which the government has addressed this issue. He expressed the opinion that the way in which members of this system repeatedly receive the same information without protesting the lack of progress sends a very dangerous message to the government. Secondly, Hank asked why few PWAs attended and were involved in the Summit. In HIV/AIDS focused events people do not need to see token representatives of the HIV+ community, but all the diversity of that community, which was not present at the National AIDS Update Conference. He expressed the opinion that PWAs are becoming less visible and involved as the system becomes increasingly focused on facts and statistics.

  Steven T. noted that for the youth focus day of the National AIDS Update Conference, HIFY organized a plenary session that included four speakers. Three of the speakers were HIV+, two were under 25 and two were people of color.

  Sacul asked what Sandy Thurman said about needle exchange, and why Hank found it objectionable. Hank explained that the decision on needle exchange has been pending for a long time, and the information she relayed showed no progress on that decision. He recalled that the community was told some time ago that it was being addressed, and decreased its pressure on policy makers in the hope that that was true, which Sandy Thurman's presentation showed it not to be. But even more frustrating than the report itself was the fact that no one objected to hearing the same information again. Hank added that Bill Clinton, Hillary Clinton, Al Gore, etc. frequent San Francisco, yet the community here does not organize to express to them its feelings on needle exchange and how it has (or has not) been addressed by the White House.

Elizabeth Winterhawk

- Elizabeth introduced herself as an Indian and mother. She expressed her hope that as a fiscal agent is being sought for the Native American AIDS Project, those driving the process are paying very close attention to the community input they receive about that organization, and to the position of each person expressing an opinion (NAAP staff member, client, etc.). She reminded the Council that HIV is a health issue, and said that if she were to be infected she would want to receive care from a specifically Native American organization. Elizabeth acknowledged that NAAP may require improvement in some areas, but maintained that it provides much-needed services to a population that is served by very few agencies.

  Sacul informed Elizabeth that the HPPC is currently seeking additional members, and invited her to apply. Elizabeth agreed to consider the invitation.

  Bill asked Elizabeth, who has first-hand experience with NAAP, for her opinion of the agency and its usefulness. Elizabeth reiterated that NAAP has weaknesses and strengths, but what it provides is very much needed by its target population. She expressed the opinion that the

agency is weakened by lack of staff unity and political battles.

1. HIV PREVENTION DIRECTOR'S REPORT

Program Monitoring Update

Barry introduced Delia Garcia, of the AIDS Office, who is a program manager and is coordinating the monitoring of HIV prevention contractors.

Delia displayed and reviewed an overhead entitled "CDC 97-98 Monitoring Status Report", and explained that this information applies to CDC funded prevention programs. The overhead contained the following information:

Total Agencies	No. of Exhibits	No. Monitored	No. HPPC/Community Members
21	24	16	11

She explained that the number of exhibits monitored includes CTRPN, and of the 11listed in the final column, 9 were HPPC members and 2 were community members. 11 denotes the total number of HPPC/community members involved in the process. Delia also noted that the AIDS Office is still in the process of negotiating contracts as well, which has been a handicap to the monitoring process.

Next Delia displayed an overhead entitled "GF/State 97-98 Monitoring Timeline", which contained the following information:

Number of Agencies	Number of Exhibits	Timeline
18	24	April-May

She noted that the timeline of monitoring state and General Fund (GF) contracts is poorly timed with that of CDC funded contracts, slowing the entire process. In conclusion, Delia thanked Council members who have been involved in the monitoring process: Ronnie Ashley, Jimmie Naritomi, John Blake West, Henry Ocampo, Mike Discepola, Jennifer Lorvick, Dawn Passar, Marcos Bañales and Liz Highleyman. [Note: monitoring of the three local NTFAP programs was completed before this presentation. HPPC members who participated in reviewing those programs were Bill Barnes, Elizabeth Davis and Maria Rinaldi]

Shawn asked if the monitoring is done strictly according to a process and standards outlined by the CDC, or if (as Chata wrote in an article published in Frontlines magazine) there are "deeper levels of questioning" in terms of accountability and responsibility. Delia replied that the city and county of San Francisco have strict requirements for the monitoring process used for programs they fund. The required protocol was recently modified to reflect the HPPC's direction on issues such as the BRA, etc. Shawn asked if a user-friendly summary of the monitoring results will be made available. Delia replied that it will, and explained that a monitoring protocol is mailed to each agency, along with a document outlining the scoring for each category in the protocol. The agency sends its scores to the AIDS Office for review, after which the monitoring team conducts a site visit. Delia then uses the comments and recommendations of team members to develop a report on the specific agency, which is in turn reviewed by the panel members and agency itself. Once approved, this report becomes a public document.

Sacul asked if "exhibit" means "program". Delia replied that in some cases an exhibit is a program, but sometimes an exhibit contains more than one program, as in the example of case management and advocacy.

Hank noted that he participated on a monitoring team and never received the resulting summary.

This is concerning because he wanted to ensure that his feedback was accurately represented, and how it compared to that of other team members. John W. said that he participated in the same monitoring and did not receive the summary, either. He added that that review was for a CARE funded agency, and monitorings he has done for prevention services have more strictly adhered to the protocol. John expressed concern regarding CARE non-adherence to the monitoring protocol. Tracey said that that information will be relayed to the Health Services department. Mike D. noted that he participated on a prevention monitoring panel and found it to be a very positive experience.

AIDS Office Organizational Chart

Barry distributed and reviewed a packet entitled "San Francisco Department of Public Health AIDS Office HIV Prevention Staff", as well as an outline of the staff involved in prevention services. He displayed and reviewed two overhead projections outlining the DPH organizational structure.

Shawn asked if the overall DPH structure overhead projection can be made available to Council members. Barry replied that it will be attached to the minutes from this meeting. Shawn expressed the opinion that Council members should have information on the names, titles, etc. of staff members from all four branches of the AIDS Office (CARE, Prevention, Epi Surveillance and Research). Barry suggested that a member of the CARE staff could be invited to present an outline of the members of that department, and updates can be given on the Epi Surveillance branch and its activities as well. In this way the HPPC can be kept informed on the current projects within the AIDS Office and who to contact with questions or comments about them. Shawn reiterated that he would like to be provided with a chart of the members of the four AO branches. Tracey replied that the chart presented by Barry is the only one available at this time. She noted that the office is undergoing transition, several positions are open and sections are moving to different locations. At this time the links between the four AO branches are not as strong as they should be, making a concise flow chart of their relationships difficult to develop. This issue is, however, being addressed. She concluded that it would be unrealistic to promise that each of the 140 staff members within the AIDS Office will outline their job description for the Council. Barry reiterated that the Council will be informed of the activities in each branch, and those involved, as part of the endeavor to build linkages between them.

Update on NTFAP Local Programs

Barry informed the group that NTFAP officially stopped funding its three local programs on Friday, April 3. The AIDS Office was notified of this by mail, and immediately began working to maintain those programs. During the last week potential fiscal agents have been identified for each program, and it is expected that all three will have been transferred to new funders by May 3. Barry noted that the usual process of transferring from one fiscal agent to another includes 30 days notice before the original funder ceases support, whereas in this case the AIDS Office was given only 1 day notice. The goal in this process is to maintain the integrity of the three programs and insure that they can continue to serve their target populations. Thus, in choosing fiscal agents, ability to reach that goal financially and administratively will be a priority criteria. The AIDS Office commitment to maintain these services will be aided by funding from the Mayor's office and technical assistance from the Support Center, as well as funding from other technical assistance programs nationwide.

Maria expressed concern regarding the size of the NTFAP deficit, and noted that that funding was intended to serve the community. She asked how the money was used and when it will be returned for its original purpose. She added that at an African American community forum agreement was reached that the Black Coalition on AIDS should be the new fiscal agent for New

Village. She expressed the opinion that the process followed by that community was a good one, and congratulated members of the African American community. Maria expressed concern about the Latino community, and specifically its lack of inclusion in the process of identifying a fiscal agent for Proyecto Contra SIDA Por Vida. She noted that the program belongs to its clients, not staff, and they should therefore be given significant opportunities to participate in this decision. The staff of Proyecto have identified Mobilization Against AIDS as a potential fiscal agent, and although that is a good organization, Maria expressed the opinion that it would be an inappropriate choice because it is not specifically Latino. She urged the AIDS Office to help the Latino community gain a voice in these discussions. Barry said that the major stakeholders involved in this issue are the community and agency staff, and reiterated that the county has a responsibility to identify the new fiscal agent. That decision will be made with input from the community and staff, and take into account the best interest of both. Barry reminded the group that there is little time to transfer all three local programs, input from all involved is required, and consideration of the agency staff and their position is important.

Ellen said that she is appalled that the community was given only one day notice that the three programs would be abandoned by their fiscal agent. Mario Solis-Marich, Executive Director of NTFAP, strongly objected to the assertion that advance notice was not given. Steven explained that the floor will be opened for public comment on this subject and asked Mr. Solis-Marich to wait until that time to give his input. Ellen continued that her understanding is that official notice of the NTFAP decision to cease funding the local programs was received one day before that decision took effect. She reminded the Council that although this is concerning, it is not within the purview of this body to discuss contract level issues. Ellen added that it is important for the AIDS Office to solicit community input on this issue, and weigh it heavily in the decision of new fiscal agents. She also reminded the group that the issue of the NTFAP was raised in November of 1997, at which time the Council decided to direct the 1998 Strategic Evaluation Task Force to conduct a needs assessment for gay African American, Native American and Latino and Asian Pacific Islander men. The Brown Act issue distracted the Council from that decision, but at this time the Evaluation Task Force is meeting regularly and can begin those needs assessments.

Toni said that she was not aware that the fiscal agent negotiations had progressed as far as they now appear to have, and is troubled by the community's lack of information on this process. She also expressed the opinion that the Black Coalition on AIDS would be a poor choice of fiscal agent for New Village, and that the pattern which caused problems for NTFAP (the over-broadening of an organization's focus and geographic range) will be repeated if BCA is chosen.

Sonja asked who is responsible for identifying fiscal agents, and what are the respective roles of the AIDS Office, community and HPPC in that process. Barry replied that the DPH chooses fiscal agents. He explained that the decision in this case is a contractual one involving a pre-existing contract with terms and conditions that the AIDS Office must respect. Within that pre-set contractual framework, the office will solicit input on the issue by holding community forums and consider the viewpoints offered in making the necessary decisions.

Bill expressed appreciation for those who are working to maintain the three local programs previously supported by NTFAP, including Barry, Norm Nickens, and Dick Pabich, and acknowledged that the DPH is in a difficult position. He also expressed his understanding that the DPH funds only one program, NAAP, to provide HIV prevention and care to the Native American population. If this is the case, then discontinuation of NAAP would mean that Native Americans could not receive culturally competent HIV related services in San Francisco. Barry replied that Native American Friendship House, Institute for Community Health Outreach and

Native American Health Center also provide those services. NAFH and NAHC have been approached in the AIDS Office's search for a new fiscal agent for NAAP.

Elizabeth asked why she and other Council members were given the impression at the NTFAP stakeholders' meeting that all was well with the local programs.

Colin announced that the Strategic Evaluation Task Force met April 8 and prioritized needs assessments for gay men of color as their first task, to be addressed at a meeting on April 22.

Public Comment

Steven S. opened the floor for public comment.

Mario Solis-Marich, Executive Director of NTFAP

- Mario explained that forty days ago he met with the Mayor's office to tell Mayor Brown, Dick Pabich and Dean Goodwin that NTFAP would be unable to continue supporting its local programs unless funding was augmented by the city. Since then, NTFAP representatives have met several times with Barry Brinkley, Norm Nickens and Billy Pick, as well as all program managers involved, to discuss the assistance which NTFAP required in order to support those programs beyond April 1. In those meetings Mario was repeatedly assured that if a transfer of fiscal agent became necessary it could be accomplished in 24 hours. He was also assured that the transition would be smooth and staff unaffected. At the end of negotiations Mr. Solis-Marich informed DPH representatives of the amount that would be required, above that contracted, to maintain the programs for the month of April. The Mayor's office and Dr. Katz informed him that no additional funds would be allocated to support the local NTFAP programs. Mr. Solis-Marich subsequently informed Dr. Katz that new fiscal agents needed to be found for the programs. The DPH maintained that no additional funds could be promised for the maintenance of those programs, and NTFAP would have to do what it felt necessary.

  Mr. Solis-marich informed the Council that controversy around the NTFAP deficit, much of which he felt was generated by the HPPC, made it more difficult for the organization to find the additional funding it required. In closing, he offered to answer any questions, at this time or by phone.

  Maria asked how NTFAP incurred such a deficit that it is unable to maintain its own programs. Mario explained that funding from the city is cost reimbursement, meaning that it is received a month after being spent. This system presents a problem, but 80% of the deficit was generated by the three local programs, which cost much more to maintain than they are contracted to receive. This problem was identified a year ago, when Mario became Executive Director and a thorough fiscal review was conducted.

  Sacul asked if the 1997 Supplemental Task Force allocated money to NAAP. Ellen replied that it did not because NTFAP elected not to apply for that funding to serve Native Americans, which went instead to Native American Friendship House. Sacul asked Mario why NTFAP did not apply for CDC supplemental funding. He explained that he and the program manager made that decision because it would have been more costly to apply.

  Marcos asked if Latino agencies were involved in the choice of a non-Latino agency to serve as fiscal agent to Proyecto. He noted that NTFAP is not a Latino organization and therefore should not make such a decision without input. Mario replied that NTFAP is not involved in the current search for a fiscal agent. He explained that the decision is being made by the AIDS Office in conjunction with program managers.

Anthony ?

- Anthony said that he has patronized Native American Friendship House before, and found it not to be sensitive or welcoming to gays, transgenders or PWLH.

Eric Brown, Program Director of New Village

- Eric expressed relief that the fiscal agent transfer of New Village is complete. He expressed surprise and concern that progress of the transfer was unknown by members of this Council, and said that it has been in discussion for several months. Eric also expressed concern for the futures of Proyecto and NAAP, and urged them to find fiscal agents quickly.

Darryl ?, NAAP

- Darryl informed the group that the staff of NAAP are still delivering services, without pay. He asked Barry who determines the program's new fiscal agent, and noted that negotiations are already under way without input from staff or clients. After a lot of confusing direction from various AIDS Office staff members NAAP has finally identified Norm Nickens as its contact person in that office, and all communication between the two bodies goes through him. Darryl seconded the concern which Anthony expressed about Native American Friendship House. He reported that communication between NAAP and NAFH has been initiated and a community meeting is planned to discuss why they are not collaborating in their efforts to serve the Native American population. This will occur after a fiscal agent is identified for NAAP. The program has made preliminary attempts to identify an adequate agent, and found the Wellness Center to be promising. However, that organization will not work, for financial reasons.

BREAK

Steven S. suggested that because the meeting is behind schedule item 8 on the agenda (Orientation to San Francisco's Fiscal Picture) be postponed until the next meeting. Bill noted that the optional vote on developing a letter to the Mayor regarding funding is time sensitive. The group agreed to address the optional vote, but delay the rest of item 8.

5. BROWN ACT SURVEY RESULTS

Ellen explained that an informal poll was taken of the Council's feelings regarding the Brown Act, and it was found that about half the group is in favor of continued compliance while the other half was not. With this information the Steering Committee decided to continue operating under the Act for three more months and then revisit the issue to see if members' feelings have changed and how the group would like to proceed. The first Steering Committee meeting in July will include a discussion of this issue.

6. ATTENDANCE POLICY

Steven S. referred members to a handout that was distributed outlining the attendance policy, and asked those with questions to bring them to the next Membership Committee meeting. The handout is a compilation of all attendance guidelines in the Council bylaws, and attempts to clarify attendance policies as they apply to the full Council meetings, as well as Committees and Task Forces. Steven noted that the guidelines apply to each group, so those who are members of more than one Committee/Task Force are responsible to maintain full attendance for both.

7. OPTIONAL VOTE: LETTER TO THE MAYOR RE. GENERAL FUND

Barry explained that the AIDS Office is still awaiting information from the CDC regarding its total 1998 funding cut. It is hoped that that information will be available by the next HPPC

meeting. At this time the Council should begin to consider its next steps regarding funding. Barry suggested two possible plans: 1. request General Fund money from the Director of Public Health, or 2. ask the Mayor to cover the funding gap. He expressed the opinion that a vote on this issue would be premature without further information from the CDC.

Ellen added that at the recent Summit in St. Louis Nick Farrell, San Francisco's contract manager with the CDC, informed the co-chairs that it is likely the entire $517,000 cut will not be restored, but San Francisco will probably receive $300,000. Thus although the exact amount is still uncertain, it is very likely that the city will have a deficit in prevention funding. Ellen suggested that the Council inform the Mayor that it will need additional funding, of an amount not yet certain, and ask that the gap be filled with city funds.

Bill informed the group that the city's budget process is currently under way, and noted that if additional funds are to be requested of the city then the Council should do so before that process is completed and all funds are allocated to other expenditures. He moved that the Council address a letter to the Mayor informing him that CDC HIV prevention funding was cut by $517,000 this year, and will most likely be only partially restored, and asking the Mayor to cover the balance. The motion was seconded.

Maria expressed support for the motion. She asked the co-chairs to outline for the Council (particularly new members) the HPPC's funding sources so that this issue can be fully understood by all. Steven S. replied that Ellen has created a graphic of HPPC funding streams, which will be mailed to members.

Jennifer expressed support for the motion, and confusion about the different pots of money for which San Francisco is eligible. Barry explained that one amount being discussed is the $517,000 in CDC funding which was cut from the budget, and a portion of which will be restored. In addition to that, there are three pots of supplemental money that the SFAO can apply for, which are to go to prevention for HIV+ people, Latinos and African Americans, and evaluation. The application deadline for those amounts is June 15, which means that additional funding would be received in August.

Tracey explained that supplemental funds include the restoration, and suggested that the Council refer to them as the restoration in order to be consistent with the language in the supplemental application. The guidance document received by the AIDS Office says that San Francisco can apply for a restoration of the $517,000, which is not competitive, and for the additional three pots of money outlined by Barry, which *are* competitive. All of this will be included in one application, which is due June 15. Ellen noted that this information will be included in the presentation of San Francisco's fiscal picture at the next HPPC meeting.

Hellen suggested that a letter to the Mayor requesting city funds stress that only 60% of the funding cut is anticipated to be restored.

Sonja offered a friendly amendment to the motion: request $217,000 from the Mayor. Bill asked to modify the amendment to $217,000 or more, according to the amount restored by the CDC. Sonja agreed to this modification, and Bill accepted the amendment.

Lyn read the motion: *the HPPC shall write a letter to the Mayor requesting that he work with the Director of Public Health to reserve funds to fill in the gap between the $517,000 cut and whatever funds are restored. The letter shall state that the amount needed is anticipated to be $217,000 or more.* Bill and Sonja accepted this wording.

Barry suggested that the letter first be sent to Dr. Katz, on the chance that the gap could be filled with funds from the DPH.

Sacul asked how the CDC can cut funding, knowing that it will result in job loss and reduced

services. Barry replied that when the CDC lacks funds the only thing it can do is require programs to essentially give back some of the funding which they were already expecting, and had prepared for. Sacul asked if the city, knowing that this occurs, prepares for the advent of an HPPC request for additional funding. Barry explained that the city has nothing to do with the CDC, and noted that CDC funding is reduced in every metropolitan area, not just San Francisco.

Steven S. noted that there is a motion on the floor, as well as a suggestion from Barry that the letter be routed to the DPH before going to the Mayor. He suggested that the motion be voted on before discussing that suggestion.

Tracey expressed the opinion that the letter should go directly to the Mayor. Barry replied that his suggestion was born out of the thought that additional DPH funds might be available for HIV prevention, and if not then funding can be requested of the city.

Bill asked if the Health Commission has already submitted a budget request. Barry replied that it has. Bill suggested that the letter go to Mayor Brown and be copied to Mitch Katz (at the same time.)

Steven S. facilitated the vote.

In favor: 20
Opposed: 0
Abstain: 1

The motion passed.

Bill volunteered to draft the letter and forward it to Tracey for review. After that process, the co-chairs will review the letter and sign it on behalf of the Council.

8. COMMITTEE/TASK FORCE UPDATES/COMMUNITY MEMBERS

Membership Committee

- Elizabeth represented the Membership Committee in Barb's absence. She reported that at its last meeting the Committee discussed the HPPC retreat, and referred Council members to the retreat flyers which were distributed. This event will be held May 7, 9:00-2:00 p.m. at the Stern Grove Clubhouse, and will include breakfast, lunch and group activities. She noted that there had been some question whether the Steering Committee would meet that afternoon. It was decided that Steering will meet right after the retreat, in the same location (Stern Grove). The Membership Committee is also beginning to plan a training for new Council members, which will take place throughout the summer.

Community Input Committee

- Michael D. reported that Community Input has met twice to discuss its tasks for 1998 and the roles of various members. The group also reviewed the survey that Rick Green distributed to Council members at the last meeting, and will use that information to generate a list of presentations for the full Council. At its next meeting Community Input will prioritize presentations based on the recommendations from the survey, and develop a calendar for the Council. This calendar will be presented to the Steering Committee for modification and approval. Presentations to the Council will include information about prevention messages in the community, what specific agencies are doing in the field of HIV prevention, target populations and research.

Outreach Committee

- Sacul reported that at its last meeting the Outreach Committee brainstormed outreach activities, identified and prioritized those of interest and developed preliminary timelines for

their implcmentation. Thosc identificd were: utilize existing newsletters to promote the HPPC's work, develop an abridged version of the Prevention Plan for distribution, create an HPPC web site, publish a quarterly HPPC newsletter and conduct community forums.

Strategic Evaluation Task Force

- Colin reported that at its meeting on April 8 Mike Pendo reviewed the tasks to be addressed this year (and possibly next) and the group prioritized them and developed a timeline for each. A top priority at this time is the needs assessment for gay men of color. Jennifer added that the group also decided that prioritization of areas where evaluation research is needed is a high priority.

Priority Setting Task Force

- Bill reported that the Task Force is discussing how to identify sub-populations in the priority setting process. At its next meeting on April 16, 9:00-11:00 a.m., the group will discuss how priorities are set and brainstorm criteria for identifying sub-populations. Bill noted that community input is desired throughout this process, and encouraged Council members to identify community members who might apply to join the Task Force. A concept vote will hopefully be brought to the Council early in May regarding the initial criteria for sub-population identification.

Cultural Competency Task Force

- Sonja explained that the first task of this group is to figure out how to implement the cultural competency tool developed last year. To that end, the Task Force has been reviewing and discussing the tool and how it was developed, and will next develop criteria to measure its use. After that, the group will discuss ways to incorporate cultural competency measures into the contract monitoring process. Community input is needed on these issues, for which Task Force plans to work closely with the Outreach Committee.

Steering Committee

- Ellen said that at its last meeting the Steering Committee discussed the agenda for today and had a workshop on the Brown Act. They also discussed the Brown Act opinion survey that she reported on earlier and made the decision to continue operating under the Act for three months and then revisit the issue. She noted that the Inreach Committee had wanted to discuss the possibility of giving a presentation to the Council at each meeting, but that request was not addressed due to lack of time. Michael D. explained that the Inreach Committee would like to present information on inreach at each HPPC meeting. Presentations would vary in length, with the goal of increasing the group's level of awareness and enable it to make more informed decisions.

9. CLOSURE AND EVALUATION

Ellen announced that she received a newsletter from Contra Costa county in which both prevention and CARE information is presented, including meeting dates, issues being addressed, related meetings, etc. She suggested that this type of publication be considered for San Francisco, and that the Outreach Committee discuss that possibility with CARE Council representatives. Sacul said that the Committee has discussed that possibility.

Hellen urged Council members to continue pressuring the Whitehouse on needle exchange. She noted that Clinton's 1999 budget gives flat funding to HIV prevention, so the group may want to do some lobbying. Ellen said that the president's comment line, which is basically an answering machine, is an easy way to give input. The number is (202)456-1414.

Bill reminded the Council that it is important to get community members on all Committees and Task Forces. He asked if the Outreach Committee has discussed holding meetings in different

locations to increase public access. Sacul said that it has, and the Council will be notified when a plan is developed. Steven S. added that there is a money issue involved in holding community forums and other types of outreach, which the Committee needs to address.

Steven S. reminded Council members to complete the meeting evaluation forms.

Attached to these minutes:

- HPPC retreat flyer
- Committee Update
- AIDS Lobby Day flyer
- Focus Newsletter
- The CASTRO Lion newsletter
- AIDS Office organizational chart
- Attendance policy handout
- Process Evaluation, March 26

Minutes recorded by: Emily Coles, Polaris Research & Development, Inc.
Minutes reviewed by: Ellen Goldstein, Community Co-Chair and Barry Brinkley, DPH Co-Chair.

HIV PREVENTION PLANNING COUNCIL MEETING

APRIL 23, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Barry Brinkley
Ellen Goldstein
Steven Sams

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Please read and bring:

- **Agenda**
- **Minutes of 3/26 and 4/9**
- **This Packet**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements	Barry Brinkley	3:00 - 3:15 PM
2. Review & Approval of Minutes from 3/26 & 4/9	Barry Brinkley	3:15 - 3:20 PM
3. Public Comment	Barry Brinkley	3:20 - 3:30 PM
4. Presentation by Utes, Traditional Healers	Maria Rinaldi/Utes	3:30 - 4:15 PM
5. Break		4:15 - 4:25 PM
6. Orientation to San Francisco's Fiscal Picture	Ellen Goldstein	4:25 - 4:55 PM
7. 1998 CDC Supplemental Funding: Discussion and Possible Vote	Barry Brinkley	4:55 - 5:55 PM
8. Closure and Evaluation	Barry Brinkley	5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities. For April HPPC Committee meetings, see separate announcement.

HPPC Member Retreat - Thursday, **May 7, 1998, 9:00 AM - 2:00 PM,** Stern Grove, 19th Ave (@ Sloat)

HPPC Meeting - Thursday, **May 14, 1998, 3-6 PM**, First Unitarian Church, 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, **May 28, 1998, 3-6 PM**. First Unitarian Church 1187 Franklin Street (@ Geary)

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HIV PREVENTION PLANNING COUNCIL
MINUTES OF MEETING
APRIL 23, 1998

HPPC:	Thurs., May 14, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., May 28, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:
Barbara Adler
Bill Barnes
Michael Bogan
Barry Brinkley
Manny Dacalanio
Brenda Escobar
José Ramon Fernandez-Peña
Ellen Goldstein
Jelousy Jiggetts
Dredge Byung'chu Kang
Jennifer Lorvick
Sonja Mackenzie
Jimmie Naritomi
John Newmeyer
Henry Ocampo
Shawn O'Hearn
Dawn Passar
Jeff Poltl
María Rinaldi
Steven Sams
Steven Tierney
John Blake West
A. Toni Young

Members Absent:
Marcos Bañales
Elizabeth Davis
Michael Discepola
Dave Hubbard
Sacul L'Adnbre
Byron Mason
Helen Miramontes
J. Colin Partridge
Nashanta Stanley

Guests:
Eric Brown, Program Director of New Village
Victoria Scheider

Technical Support Staff:
Rick Green, Harder & Co.
Lyn Paleo, Harder & Co.

Polaris R & D, Inc.
Emily Coles

Process Evaluation Team:
Kevin Roe
Alison Wakefield

AIDS Office Staff:
Valerie Kegebein
Tracey Packer
Mike Pendo

1. WELCOME AND INTRODUCTIONS

Barry welcomed the Council and guests and invited those present to introduce themselves. After introductions he led the group in a moment of silence.

Announcements

Ellen Goldstein

- Ellen noted that president Clinton recently decided not to lift the ban on needle exchange. She announced that a protest will be held the morning of April 24 at Zellerback Hall, where Donna Shalala will be speaking at 10:00 a.m. All are welcome to participate in this protest.

Steven Sams

- Steven passed around a USA Today editorial which speaks in favor of needle exchange and against the recent decision to continue its ban. He encouraged members to write letters of support to the editor. Copies of this article are available upon request from Emily Coles, of Polaris Research and Development, at (415)777-3229 x313. Steven also noted that a position is open at Project Inform, and information is available at the back table. He passed around a card for Brian Dobrow and asked members to sign it, and in conclusion noted that new member applications are due by Thursday, April 30.

Henry Ocampo

- Henry announced that the API Wellness Center will hold a silent auction on May 14 from 6:00 to 9:00 p.m. Flyers on the event are at the back table. He also noted that several positions are open in that organization, descriptions of which are also at the back table.

Shawn O'Hearn

- Shawn announced that information on Proposition I, which relates to housing for PLWH, is

available at the back table. He added that he needs to leave this meeting early.

Sonja Mackenzie

- Sonja proposed that the HPPC write a letter to President Clinton and Donna Shalala outlining its position on the issue of needle exchange. She suggested that the Council also seek ways to address the issue on the state level, particularly through communication with Senator Watson. Sonja also distributed two flyers; one relating to the HIV In Prison Committee, and the other concerning the Redevelopment Commission's up-coming meeting, where application of the "not in my back yard" position to PLWH will be discussed. She noted that the this meeting is especially important for those who live or work in, or have clients from, the Western Addition.

Kevin Roe

- Kevin announced that Kathleen Roe will miss this meeting due to illness. He also noted that the staff profile booklet has been completed and distributed by Allison Wakefield.

Maria Rinaldi

- Maria announced that Michael Discepola is also ill. She asked if funding is available from the county to help enable Council members with certain health problems to attend meetings, and noted that some members may currently be eligible for such aid. Barry replied that the possibility will be researched.

Valerie Kegebein

- Valerie noted that in the process evaluation form from the meeting at which Rani Marx presented several members asked questions for clarification. Rani has written answers to those questions, which Valerie can provide to those interested. Valerie also announced that the CDC Price Fellowship applications are being accepted. The Price Fellowships are for those involved in HIV prevention in nongovernmental organizations, and will provide those accepted with the opportunity to work with CDC scientists in Atlanta, GA, for the month of August, 1998. Further information and applications are available upon request from the AIDS Office. Finally, Valerie announced that she will be returning to school for her doctorate at the University of North Carolina. Her last HPPC meeting will be June 11.

José Ramon Fernandez-Peña

- José Ramon asked that Sonja's proposal to write a letter to the President and Shalala regarding needle exchange be added to the May 14 Council meeting agenda. Barry replied that it will be added.

Barbara Adler

- Barbara announced that she will leave this meeting 15 minutes early. She also reminded Council members that the HPPC retreat will be held May 7, 9:00-2:00 p.m. at Stern Grove, and strongly encouraged members to attend.

Brenda Escobar

- Brenda announced that a friend of hers who is chronically ill is selling sarongs, and she has brought several for members to look at during the break.

Rick Green

- Rick noted that the Committee and Task Force update newsletter still has no name. He asked if the letter to Mayor Willie Brown and Mitch Katz that the Council voted to support at its April 9 meeting has been sent. Barry replied that the letter has been written and signed and will be mailed today.

Bill Barnes

- Bill noted that he now works in the Mayor's office, and said that his change in employment will not effect his representation on the HPPC.

John Blake West

- John announced that the 20th National Lesbian and Gay Health Conference will take place this July. The deadline to submit papers to the conference has passed, but John has flyers for anyone interested in attending, and scholarships are available. He is also recruiting people for the Host Committee, members of which must be gay. John also announced that on April 22 he underwent surgery to remove his "buffalo hump", which was the largest known case. The procedure was done at Kaiser, and fully covered even though liposuction is usually considered cosmetic and therefore not insured. He offered to talk with anyone who is developing "buffalo hump" or "crix belly", and noted that the psychological effects of this experience are terrible.

Jimmie Naritomi

- Jimmie noted that the fax number listed for him on the membership list is incorrect, and asked that it be removed.

Tracey Packer

- Tracey noted that the AIDS Office organizational chart has been made available at the back table, along with several pages from the AIDS Office annual report.

Barry Brinkley

- Barry announced that the target start date for the three local NTFAP programs under their new fiscal agents is May 1. New Village has already been transferred to the Black Coalition on AIDS, and the remaining two programs are in the process and expected to be fully transferred by early May. Maria expressed concern regarding the lack of community involvement in this process. She noted that Barry explained to her that there will be a year-long window period during which community input will be taken on the programs. Maria expressed her opinion, however, that a year is too long, and programs could be lost during that time. Barry explained that New Village had held a community meeting to discuss its fiscal agent before the three programs were abandoned by the NTFAP, which NAAP and Proyecto did not do. The new fiscal agent for Proyecto was chosen through recommendations by its staff, and the community will still have opportunities to give input on that decision. The Native American AIDS Project is being transferred to the Native American Health Center. Bill asked if consideration has been given to the fact that AIDS Office resources have been used to transfer the three programs, and how that fact will be addressed. Barry replied that the office is aware of this issue.

2. REVIEW AND APPROVAL OF MINUTES FROM 3/26 AND 4/9

Barry asked for changes to the March 26 minutes. None were offered. A motion to approve the minutes was made and seconded and they were approved 17 in favor, 0 opposed and 2 abstaining.

Barry asked for changes to the April 9 minutes. None were offered. A motion to approve the minutes was made and seconded and they were approved 13 in favor, 0 opposed and 4 abstaining.

3. PUBLIC COMMENT—none offered

4. UTE TRADITIONAL HEALERS

Maria introduced Concepcion Saucedo, Executive Director of Instituto Familiar de la Raza, and Alden B. Naranjo Jr., member of the Ute Nation. She explained that Concepcion and Alden were

invited to this meeting to educate the Council on Native American culture and issues and answer questions so that the group's discussions of reaching Native people with HIV prevention messages can be better informed.

Concepcion spoke to the Council of the new program entitled Complementary Health and Wellness Project, which is a collaborative effort between IFR and the DPH. This program targets Native Americans by using a holistic approach to health care and HIV prevention, and drawing upon different methodologies and schools of thought in that effort. The focus of the program is not only prevention of illness, but also maintenance of physical, mental and spiritual health. Concepcion introduced Alden B. Naranjo, and explained that he is a healer and cultural historian.

Alden said that he has come to San Francisco for the first time in 20 years to help Instituto Familiar de la Raza with the Complementary Health and Wellness Project. He explained that Native Americans have been under-educated on HIV and prevention. This is in a large part due to mistrust of the government, caused by its past genocidal activities, which has made the Native population wary of health-related information that originates outside their own communities. It is also due to mistrust of people who are not from those communities and the information and help they offer. It is now becoming clear to the Native population, and especially its younger members, that HIV is not a genocidal weapon created by the government. Because these communities are opening to HIV-related information, it is time to share with them what is known about prevention and care. Alden noted that many traditional healers have refused to help Native people who come to reservations after contracting HIV in cities. This is changing as healers become more open to information about HIV and how it is contracted, and many are now doing what they can to support PLWH who come to them for help.

Questions and Discussion

Toni asked what Native American healers do to aid PLWH. Alden replied that he tries to support people in their pursuit of medications, etc.

Jimmie asked if Native Americans who no longer follow their ancestral traditions seem to revert back to those cultures after contracting HIV. Alden replied that many re-focus their lives in the pursuit of "mental wellness" to help cope with an HIV diagnosis. This is not reverting back to a rejected culture, but re-prioritizing the components of one's life.

Bill observed that there are large cultural differences between different Native groups, and asked if all receive health care services. He also asked Alden's opinion of Indian Health Services. Alden explained that health educators come to all reservations, and expressed the opinion that IHS is not so bad.

Ellen asked what tactics could be used to reach Native Americans with HIV prevention messages. Alden suggested that those wishing to target interventions to Native populations collaborate with already-existing local programs run by Native Americans, rather than initiate new ones.

John N. noted that many Native Americans now live in cities, and asked if Alden feels they should return to Native communities and cultures. Alden expressed his opinion that each person needs to find the lifestyle and community that suits him/her and pursue physical and emotional health within that setting.

Jeff asked what are the differences between Native groups in terms of their beliefs around health and treatment, and how the differences can be accommodated by the health care system. Concepcion replied that people from the different groups should be consulted, because they will know what prevention efforts will work best for their individual communities. She noted that there are many inter-tribal communities that have learned to bridge cultural gaps, and that many belief

systems are common to all tribes, such as the importance of family and community. Prevention efforts that use these values are likely to be effective across the board. Native groups also value balance and connection between mind, body and spirit. She suggested that interventions involving group activities, such as praying together, could be effective. In conclusion, Concepcion noted that many Native Americans need reimbursement for services that are not traditionally eligible under current guidance.

Maria asked Alden how Native Americans view governmental institutions; particularly those involved in public health. Alden explained that Native Americans seek health care from public providers now, although in the past they have largely been distrustful of governmental institutions. He noted that some people still do not trust IHS, and rely on traditional practices for their health care, but younger members of the community are more trusting and knowledgeable of outside services.

José Ramon asked what are cultural barriers to educating Native Americans about HIV prevention. Alden explained that one of the largest barriers is mistrust. Native American communities have a long-standing mistrust of the government, and of strangers. He said that in order to overcome this barrier those seeking to educate Native people on HIV must be very open and honest about their own backgrounds and intentions. They must also be patient, because it takes time to gain trust. Alden noted that the current system gives new programs very little time to show quantifiable changes in their target populations. This approach will not work when targeting Native Americans because it may take years for a community to gain enough confidence in a program to show change. In conclusion, Alden explained that people will not trust in a program or person that does not follow through on promises made, and therefore will not credit that program or person until it has been proven that intentions will lead to action.

Bill asked if representatives from other Native American organizations were invited to attend this meeting. Maria replied that she invited a few others, who were unable to attend.

BREAK

5. OVERVIEW OF SAN FRANCISCO'S FISCAL PICTURE

Ellen distributed and reviewed handouts outlining DPH funds administered through the HPPC and the HPPC Supplemental Funding Task Force prioritization of BRPs from 1997. She explained that this is a good time for the Council to review this material and become more knowledgeable of other funding streams because it is time to begin making decisions regarding this year's supplemental funding. Using the handouts, Ellen outlined CDC, General and state funds, including their amounts, funding cycles and the populations to which they were applied. She also explained the process used to allocate supplemental and unobligated funds in 1997 and the current status of supplemental and unobligated funds for 1998.

Ellen explained that unobligated funds are those allocated but not spent in the previous fiscal year. She noted that funding for media interventions and Town Hall meetings has not yet been received but still may be, so the deadline for its use has been extended. Ellen observed that a big difference between this year's supplemental funding process and that of last year is that this year the CDC has specified how the money must be used. She also noted that the restoration, which is not specified in the handout, will be $176,000, and must be used to backfill the $517,000 TAP.

Questions and Discussion

Bill asked if the supplemental funding for African Americans and Latinos must go toward both those groups. Ellen replied that it could be used for either or both.

Jennifer asked if the $100,000 supplemental award for evaluation of HIV+ focused programs. If funding is received for HIV+ programs, and several different ones are funded, hpw does the $100,000 for their evaluation get distributed. is to be distributed between the other two supplemental categories, or if $100,000 will be awarded to evaluate each category separately. Ellen was unsure.

Jimmie asked if the CDC has specified the maximum supplemental award a city can receive. Tracey replied that the awards will vary between $1,500 and $1 million per city.

Bill asked if the CDC directly funds any local programs. Ellen replied that it funds the API Wellness Center, Mission Neighborhood Health Center and STOP AIDS.

Jennifer asked if the supplemental funding award for HIV+ services refers to secondary prevention. Ellen explained that the distinction between primary and secondary prevention, as defined by the CDC, is that primary prevention aims to stop transmition from an HIV+ to an HIV- person, while secondary prevention aims to slow the progression of HIV to AIDS in PLWH. Supplemental funding in this case could go toward either. Secondary prevention is within the purview of the HPPC, although it is sometimes forgotten.

Ellen noted that the application for supplemental funding is due at the beginning of July, thus the Council needs to decide how to direct the AIDS Office so it can begin to write that document.

Discussion of How to Use Supplemental Funding

Ellen noted that co-chairs and AIDS Office staff have discussed the possibility of using some supplemental funding from the African American and Latino award to replace funding from TAPed programs for these populations. She said that the supplemental award for African Americans and Latinos could be used to continue programs currently supported by 1997 supplemental funding beyond December, 1998. Ellen suggested that the Strategic Evaluation Task Force provide the Council with suggestions regarding the use of supplemental funding for evaluation.

Bill noted that the mayor's office has not yet received the letter that this body voted to support, notifying the mayor that CDC funding for prevention in San Francisco has been reduced this year and requesting that funding be augmented by the city. He said that city funding for HIV-specific services will be very difficult to obtain, due to other funding needs and the fact that HIV prevention money already exists. He also noted that only some specific programs will be eligible to receive supplemental funding as it is currently outlined by the CDC. Bill suggested that the Council explore ways to collaborate with Alameda County on its funding application, and asked that this discussion be tabled until more information is available regarding that possibility. Barry replied that the charge of this body is to insure adequate HIV prevention funding for San Francisco, and it should therefore not delay its process to discuss that of another County. Bill noted that it can be difficult to target African American men because many move back and forth between San Francisco and the East Bay.

Toni expressed concern about specifying programs to be funded with supplemental money without first doing a careful assessment of all those serving the specified populations. She said that if funding for African American and Latino programs is automatically used to backfill those that were effected by the TAP then it may not go to the most needed or effective programs, and may not reach the populations it was intended to serve.

Tracey noted that current guidence for the supplemental application indicates that the CDC will provide funding for African American and Latino programs in 20-30 project areas, and for programs targeting HIV+ individuals in 2-5 project areas.

Maria expressed opposition to the idea of using funding for African American and Latino programs to backfill the TAP, noting that those populations have been identified as "high need", and therefore should receive the funding is available to them. She also noted that the original award consisted of money from several sources combined, yet only the programs which happened to receive their funding from the CDC were TAPed. This is not a fair system of funding because it effects programs differentially and is not based on the programs themselves or the populations they serve. Barry said that a strategic analysis will be done to ascertain how the TAP effected programs.

Maria suggested that a Task Force be created to discuss the prioritization of services to receive supplemental funding and bring suggestions to the Council.

Bill suggested that the Community Input Committee and AIDS Office hold community forums to discuss services for African Americans and Latinos and report input back to the Council.

Jimmie observed that the funding that was split between eight groups specified by the Supplemental Funding Task Force last year was negligible compared to the amount for which San Francisco can apply to fund only African American and Latino populations this year. He expressed the opinion that in assessing how to fund those services all funding streams which effect them be researched and only the necessary amount, rather than the maximum, be requested.

Jimmie noted that new funding should not only be used to fill gaps created by the de-funding of old programs, but also to support new and innovative programs that address the same target populations. Barry explained that the idea of backfilling the TAP with supplemental funding was raised because new programs were already assessed, and funding based on that assessment, but were then cut by the TAP.

Valerie noted that the time available to make supplemental funding decisions should be considered, as well as the fact that gaps will remain no matter how the money is used. This being the case, she suggested that the Council consider what it is most likely to receive funding for through a competitive application.

Bill moved to use the restoration to backfill the TAP, and to allocate supplemental funding for African Americans and Latinos solely to programs targeting those populations. The motion was seconded.

Dredge expressed support for the motion, and noted that San Francisco has a good record of service for HIV+ populations, but not of serving African Americans and Latinos.

John N. said that the Council should regularly examine the funding breakdown for different populations in San Francisco in order to keep up-to-date on where HIV prevention funding is focused.

John W. asked if restoration money can be used to restore only specific programs, rather than spread across the board. Maria suggested that discussion of the implementation of the motion take place after the vote.

Bill restated the motion: to use restoration funding to backfill the TAP, and supplemental funding only for programs serving populations specified by the CDC. Ellen noted that the CDC has already directed that the restoration can only be used to backfill the TAP, therefore the motion need only pertain to the HIV+, African American and Latino focused sections of the supplemental funding proposal. Bill clarified that the motion intends to state that programs serving African Americans and Latinos will be included in the restoration *and* allocated additional supplemental funding.

Barry facilitated the vote:

In favor: 16
Opposed: 0
Abstain: 4

The motion passed.

Maria moved that a Task Force be created to prioritize the populations and services to be awarded supplemental funding and present suggestions to the Council. Toni asked why the Priority Setting Task Force should not fill that role.

Bill noted that several different Committees and Task Forces are already addressing issues relating to the prioritization of supplemental funding, and suggested that the Task Force created for this purpose be composed of Committee chairs. Maria expressed the concern that parity, inclusion and representation would not be met if only Committee chairs were included.

Steven asked if the priorities have changed enough since they were identified last year to warrant conducting that process again. Jennifer replied that although priorities may not have changed dramatically, CBOs and the community should have input into the prioritization of this year's funding.

Dredge seconded Steven's concern, and suggested that the AIDS Office meet with representatives from programs eligible to receive supplemental funding to assess how each has been funded to this point and where that money would be best spent.

Maria expressed the opinion that although populations were prioritized last year the specificity of supplemental funding this year warrants a more exhaustive assessment of the populations and programs to be effected.

Bill reiterated Toni's suggestion that the Priority Setting Task Force develop recommendations for the supplemental funding grant application, and added that its proceedings should be open to the entire HPPC, AIDS Office staff, CBO representatives and community.

Maria accepted the friendly amendment that the Priority Setting Task Force develop and present recommendations for the prioritization of populations to be awarded supplemental funding.

Ellen recalled that the Supplemental Funding Task Force that identified priority populations last year included providers. She expressed support for the idea to use that same prioritization again on the premise that it has not changed dramatically since last year, is a long and arduous process, and followed a good process the first time.

Tracey observed that the Priority Setting Task Force is already busy this year, and may have to forego some of its tasks if chosen to conduct a prioritization process at this time. Bill noted that the process will have to be quick in order to direct the AIDS Office in writing the application.

Valerie said that the Priority Setting Task Force is scheduled to meet April 30, 10:00-noon, and AIDS Office staff can bring applicable materials to the meeting in order to facilitate the process.

Lyn observed that the motion does not specify what group will develop recommendations for the use of the evaluation grant. The Council agreed that the Strategic Evaluation Task Force will do that.

Maria restated the motion: the Priority Setting Task Force will review the Supplemental Application, particularly as it pertains to funding for African American and Latino programs, and bring recommendations to the Council regarding the prioritization of populations to receive supplemental funding. Dredge made a friendly amendment that funding for HIV+

services be included in the Task Force's prioritization. Maria accepted the amendment. Steven added that prioritization of evaluation-related services will be conducted by the Strategic Evaluation Task Force. Maria accepted this amendment.

Barry facilitated the vote:

In favor: 15
Opposed: 1
Abstain: 0
The motion passed.

6. EVALUATIONS AND CLOSURE

Steven requested a show of hands of those who intend to attend the HPPC retreat on May 7. Barry also reminded members to complete evaluation forms for this meeting.

Attached to these minutes

- Project Inform job announcement
- API Wellness Center auction flyer
- API Wellness Center job announcements
- Prop I flyer
- Handout "DPH Funds administered through the HPPC"
- Handout "Priority Interventions for Behavioral Risk Populations"
- April 9 Participant Dialogue
- April 9 Process Evaluation

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HIV Prevention Planning Council

Member Retreat

Thursday May 7, 1998
9:00 a.m. - 2:00 p.m.

Stern Grove Building
Stern Grove
19th Ave. & Sloat Blvd.

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AGENDA

9:00 to 9:30	Welcome, Introductions and Ground Rules
9:30 to 10:30	First Exercise "Find Someone Who..."
10:30 to 10:45	Break
10:45 to 11:45	Second Exercise "Power Shuffle..."
11:45 to 12:30	Lunch and meet with Committee/Task Force for Presentation Preparation
12:30 to 1:30	Committee Presentations
1:30 to 2:00	Closure

HIV PREVENTION PLANNING COUNCIL MEETING

MAY 14, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**

Barry Brinkley

Ellen Goldstein

Steven Sams

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Please read and bring:

- **Agenda**
- **Minutes of 4/23**
- **This Packet:**

  Director's Report on NTFAP
  Priority Setting Task Force - Draft Recommendations for Supplemental Funding

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements	Ellen Goldstein	3:00 - 3:15 PM
2. Review & Approval of Minutes from 4/23	Ellen Goldstein	3:15 - 3:20 PM
3. Public Comment	Ellen Goldstein	3:20 - 3:30 PM
4. HIV Prevention Director's Report -Update on Client Grievance Procedure	Barry Brinkley	3:30 - 3:45 PM
5. Proposed Letter re: Needle Exchange to Donna Shalala/President Clinton - Vote	Steven Sams	3:45 - 3:55 PM
6. Prevention Indicators Project - Report	Kimberly Page Shafer	3:55 - 4:50 PM
7. Break		4:50 - 5:00 PM
8. 1998 CDC Supplemental Funding: Report from the Priority Setting Task Force - Concept Vote	Bill Barnes	5:00 - 5:55 PM
9. Closure and Evaluation	Ellen Goldstein	5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities. For April HPPC Committee meetings, see separate announcement.

HPPC Meeting - Thursday, **May 28, 1998, 3-6 PM**. First Unitarian Church 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, **June 11, 1998, 3-6 PM**, First Unitarian Church, 1187 Franklin Street (@ Geary)

SF DPH

HIV PREVENTION PLANNING COUNCIL
Minutes of May 14, 1998

HPPC:	Thurs., May 28, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., June11, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:

Barbara Adler
Marcos Bañales
Bill Barnes
Michael Bogan
Barry Brinkley
Manny Dacalanio
Elizabeth Davis
Michael Discepola
José Ramon Fernandez-Peña
Ellen Goldstein
Dave Hubbard
Dredge Byung'chu Kang
Sacul L'Adnbre
Jennifer Lorvick
Sonja Mackenzie
Jimmie Naritomi
John Newmeyer
Henry Ocampo
Shawn O'Hearn
Tracey Packer
J. Colin Partridge
Dawn Passar
María Rinaldi
Steven Sams
Steven Tierney
John Blake West
A. Toni Young

Members Absent:

Brenda Escobar
Jelousy Jiggetts
Byron Mason
Helen Miramontes
Jeff Poltl
Nashanta Stanley

AIDS Office Staff:

Delia Garcia
Lyn Fischer-Ponce
Valerie Kegebein
Mike Pendo

Guests:

Eric Brown, Program Director of New Village
Cynthia Laird, BAR
Mazdak Mazarei, Wedge Program
Hank Wilson, ACT UP Golden Gate

Technical Support Staff:

Rick Green, Harder & Co.

Polaris R & D, Inc.

Emily Coles

Process Evaluation Team:

Pali Basi
Ruel Caneda
Kathleen Roe
Kevin Roe
Alison Wakefield

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1. WELCOME AND INTRODUCTIONS

Ellen welcomed the group and asked Council members and guests to introduce themselves.

Announcements

Henry Ocampo

- Henry announced that the API Wellness Center silent auction and first annual community awards will be held the night of this meeting. This event will be from 6:00 to 9:00p.m. at the Asian Art Museum of SF in Goldengate Park. Rafael M. Chang will be honored with the Grassroots Award, Carol Badran the Ally Award, and the National Award will be given to Ignatious Bau. Henry noted that copies of the flyer for this event are available at the back table.

Barbara Adler

- Barb appologized for her absence at the HPPC retreat on April 9, and explained that it was unavoidable. She thanked those who attended for their participation.

Sonja Mackenzie

- Sonja circulated brochures for the API Lesbian and Bisexual Women's Network conference which will be held this summer in Los Angeles. She announced that the Women's AIDS Network and several youth organizations will be holding a meeting on Friday, May 22, 3:00-5:00 at the Center for Women's Development. The purpose of this meeting will be to gather a team to develop a training on a feminist model of HIV prevention. Those interested in attending should contact Sonja.

Michael Discepola

- Michael announced that there will be an Art for AIDS auction on May 20 to raise funds for the AIDS Health Project, the Gay and Lesbian Center in Los Angeles and the San Francisco AIDS Foundation. Invitations to this event (which will be held on Brannan St. between 8th and 9th, not 9th and 10th, as printed on the invitations), are available at the back table.

José Ramon Fernandez-Peña

- José Ramon announced that the Mission Neighborhood Health Center is currently seeking a youth outreach worker for its youth HIV, STD and pregnancy prevention program. The same program will also soon be recruiting 8 new young Latino peer outreach educators. Jose Ramon circulated a recruitment flyer and asked those who know youth that may be interested to refer them to MNHC.

Michael Bogan

- Michael expressed concern regarding a comment made at the last Council meeting during the discussion of supplemental funding. The comment involved an assertion that a certain viewpoint on how that funding should be spent was racist. Michael said that this type of statement deters free and open discussion and undermines group cohesion.

Rick Green

- Rick appologized for his errors at the retreat on May 9. He said that the mistakes he made were, first, missing an important question on the "Power Shuffle" list, and secondly, not realizing that that exercise was very personal and emotional for many participants. He explained that his omission of the question regarding Latinos was purely accidental, and that question was included on the list developed by the Membership Committee. Rick stressed that he did not, nor ever does, intend to hurt or offend any person or group. He added that he has worked with social issues for ten years, and specifically in the field of HIV since 1992, and would like to continue his contribution to this body's process.

Valerie Kegebein

- Valerie noted that the AIDS Office organizational charts have been made available again at the back table. She also announced that the AIDS Office is seeking people interested in joining a community working group to aid Community Substance Abuse Services and the AIDS Office in developing a joint RFP. This RFP will focus on substance abuse services, particularly for speed users. Those interested should contact Valerie. Finally, Valerie announced that the nomination process for HPPC membership is now closed, and the Nominations Committee is examining the Council for gaps in representation. In the next couple weeks that process will be completed and the Nominations Committee will meet with the Membership Committee to select applicants for appointment to the Council.

Bill Barnes

- Bill said that it has come to his attention since the last meeting that some comments he made there were misinterpreted. He said that he tries very hard to choose words carefully so that his intentions are clear, and apologized for any possible offense taken by comments he made at the last meeting. Bill also expressed regret that it is necessary to use very specifc "provider language" in order to aviod offending through political incorrectness. He thanked members for raising their concern regarding his comments, but noted that he would have appreciated it even more if they had approached him directly to discuss it.

Jennifer Lorvick

- Jennifer announced that Urban Health Study is currently seeking a new phlabotomy coordinator. This position entails organizing blood draws for HIV and Hepatitis testing with

street-recruited IDUs in San Francisco, Oakland and Richmond. The most important skills for this job are record-keeping and interpersonal skills. Announcements are available at the back table.

Maria Rinaldi

- Maria said that she recently asked the Cultural Competency Task Force chair to have that group develop a training on cultural sensetivity for the HPPC. She feels this is very much needed by this group, in which she feels continuous racism and insensetivity. Maria explained that racism is often unintentional, but always harmful, and noted her observation that each time a person of color on the HPPC expresses discomfort with an insensitive remark a white member tries to negate that person's feeling. She said that her concern around Rick Green's omission of the Latino question during a retreat exercise was not that he missed the question, but that when discomfort was voiced he did not remember that Latinos had been on the list, and replied that whites were not listed, either. Maria added that the assertion that Bill Barnes recently implied that a certain point of veiw was racist shows a complete misinterpretation of his comment. In closing, Maria admonished Council members to hear the concerns of people of color on this body, rather than become deffensive or uncommunicative when a claim of racism is raised.

Sacul L'Adnbre

- Sacul informed that Council that she encountered racial dicrimitation from Rick Green throughout 1997 in the Cultural Competency Committee. This discrimination was manifested through undermining her role as co-chair, refusing to acknowledge her in the Committee and other forms of overt disrespect. Sacul reported the issue to the Steering Committee, and others, at the time and felt that her concerns were given no credence. She was eventually told by Lyn Paleo that Rick had been talked to about racial sensetivity, but never felt support or acknowledgement of the pain that this experience caused her. Sacul expressed strong agreement with Maria that racism in this body must be addressed.

Ellen Goldstein

- Ellen suggested that the issues raised around racism at this meeting be referred to the Cultural Competency Task Force, perhaps in conjunction with the Steering Committee, as requested. She noted that the concerns raised warrant time on a meeting agenda, rather than discussion during announcements.

John Blake West

- John announced that the first Steering Committee meeting was recently held for the National Lesbian and Gay Health Conference. He reminded members that this conference will be held in San Francisco, July 25-29. John will be co-chairing two of the subcommittees involved in the planning of the conference. For one of these subcommittee he will soon be sending out forms for the nomination of community members and organizations that have made substantial contributions to gay and lesbian health in the Bay area, a selection of whom will be recognized at the conference. John explained that the other Committee he is chairing, the Volunteer Task Force, has organized a trade-off system for those unable to afford the conference registration fee. He admonished those interested in attending to contact him.

Steven Sams

- Steven said that he is planning to put all HPPC members' names on the fax list for the AIDS Action Network, and asked that members who would not like to be added to that list tell him so. Secondly, Steven announced that there will be an invitation envelop-stuffing June 13 and 14 for a coming event to benefit Proyecto, New Village, Native American AIDS Project, Coming Home Hospice, AIDS Health Project and Continuum. Those who help prepare

invitations will gain free admition to the event. Those interested should contact Colm Hagerty at 502-5859.

Ellen Goldstein

- Ellen announced that a forum entitled "HIV: Strategies for Survival", will be held May 21 at St. Francis Memorial Hospital at 7:00 p.m.. Dr. Mary Romeyn will be speaking at this forum.

Dawn Passar

- Dawn announced that there will be a workshop for sex workers on May 17. This workshop will be conducted by the Exotic Dancers' Alliance, and sponsored by the San Francisco Foundation. The Exotic Dancers' Alliance will also conduct an ongoing workshop in conjunction with Women Against Rape for sex workers and victims of sexual assault. Dawn circulated flyers about these events, as well as a seminar entitled "Heal Yourself Through Holistic Medicine".

Bill Barnes

- Bill announced that the Congressional Black Caucus has called on the president to declare a state of emergency around HIV in the African American community. Mayor Brown has sent a letter to Maxine Waters urging her support on this issue. Among the requests made by the Caucus is a request for direct CDC funding for minority CBOs, rather than funneling money through Public Health Departments.

2. REVIEW AND APPROVAL OF THE MINUTES

Ellen asked for comments on the minutes of April 23. John corrected that participants on the Host Committee for the National Lesbian and Gay Health Conference are not required to identify as gay or bisexual, as was reported in the minutes. Michael Bogan noted that he attended that meeting, but was not listed as present. A vote was held and the minutes adopted with the above changes, 17 in favor and 4 abstaining.

Steven S. informed the Council that Tracey Packer is serving as Council parliamentarian during Brian Dobrow's temporary absence.

3. PUBLIC COMMENT

Hank Wilson, of ACT UP/Goldengate

- Hank announced that the Gay and Lesbian Medical Association has released an alert regarding the combination of poppers and Viagra, a recently released drug which increases sexual potency in men. He noted that this allert is most important for the gay male community. The allerts released contain scientific findings that the combination of these substances can be lethal. Hank acknowledged that there are differing opinions on this information within the medical community. He also announced that there will be a candlelight march on May 17, beginning at 8:00 p.m., from Castro Street to Civic Center. This is an opportunity for members of the gay and lesbian community to be visible, especially to the political arena. The leaders of this march will be people with AIDS.

  Ellen thanked Hank for his role in helping the UCSF AIDS Research Institute create and implement an information dissemination plan.

4. HIV PREVENTION DIRECTOR'S REPORT

Barry announced that he discussed the concern which was recently raised regarding grievance procedure language in the HIV prevention and CARE contracts with the manager for all DPH contracts. As a result of this concern, as of July 1 all contracts will be changed to reflect the modifications requested by community member Michael Petrelis. When a final draft of these

changes is available Barry will share it with the HPPC. Bill recalled that Michael Petrelis voiced his concern around contract grievance procedure language at an HPPC meeting, and observed that if he had not done so then the problem with that language would not have been noticed. This shows the importance of community involvement in the process, and of responsiveness on the part of the HPPC and AIDS Office.

Secondly, Barry noted that at the back table there are copies of the letter which was submitted to the Health Commission regarding the three local programs that were recently transferred from NTFAP to new fiscal agents. This letter, which outlines the terms of the transfer and the programs' contracts under their new fiscal agents, has been officially approved by the Health Commission.

Jennifer expressed concern with the length of the contracts, which the letter shows to be scheduled until the year 2002. She noted that this time frame is surprising considering the fact that the transfers were made quickly and under pressure, and that all other DPH contracts are renewed annually. Barry replied that the contracts will be monitored, and terminated if the new contractors are deemed unsatisfactory. Jennifer noted that the state of a program usually has to be very unsatisfactory for the AIDS Office to prematurely end a contract.

Bill expressed his opinion that a sole source system is not always the best approach in situations such as that which arose around these three programs.

Maria recalled that the AIDS Office gave assurance that the new contract for Proyecto Contra SIDA Por Vida would be one year long and community input would be solicited throughout that year. She noted that the letter approved by the Health Commission does not specify that the process to be followed for Proyecto will differ in any way from that followed for the other two programs. Barry replied that community input can still be gathered on that program, since there was not time to conduct an open community process before transferring to the new fiscal agent.

Ellen reiterated Jennifer's observation that all other city HIV prevention contracts end in 1999, while these three are scheduled to end in 2002. Barry said that he would expect these programs to be put out to bid at the same time as the rest of the prevention contracts.

Dredge noted that since Proyecto was transferred to Mobilization Against AIDS it no longer meets the CDC definition of a minority organization, making it ineligible for direct CDC funding for minority programs.

Toni expressed agreement with the concern raised regarding the length of these contracts, and noted that their length appears to be unclear to all involved. Barry replied that because every contract is evaluated annually, the goal is for the three programs to be running smoothly under their new fiscal agents within a year. If assessment shows that the programs are not meeting requirements at that time, then the contracts will be addressed. Toni noted that contract monitorings are not always as stringent as they should be, and therefore can overlook inadequacies. She suggested that the contracts clearly state that they will last one year and outline what will occur after that year if they are not renewed within the same fiscal agents. They should also specify what will happen if the programs do not get the requested 501(C)(3) status; whether all three programs will be treated the same, etc.

Barry expressed the opinion that the programs need time to adjust to the recent changes, and promised to give the Council a monthly update on their progress. Regarding the monitoring process, he reminded the group that members of this Council participate in annual program assessments, and if a program is found not to be performing as required then its contract can not be renewed.

Bill reminded the group that the HPPC does not address services at the contract or agency level,

and should therefore avoid discussing the specifics of what agency is qualified to provide which services.

Maria asked if the specification of 2002 as the contract ending date for the three programs could be a typographical error. Barry replied that he will find out, and reiterated that the programs will be evaluated annually regardless of the contract length, and any problems found will be addressed immediately.

José Ramon asked if the new fiscal agents have documentation clearly stating that these contracts could be pulled in one year if they are found not to be meeting requirements. Barry noted that the letter approved by the Health Commission does not specify that condition, but it is standard in the department.

Dredge asked if the HPPC will have to assume continued funding of these three programs in its prioritization process for 1999. Barry replied that these programs should be viewed no differently from all others in prioritization.

Jennifer noted that if the annual review of contracts shows that one or more of the three must be pulled, then rather than being the usual annual process of contract re-shuffling it will appear to be an emergency situation simply because these contracts are slated to last longer.

Hank Wilson suggested that the specification of the year 2002 be removed from the contracts. He also expressed the community's concern that the problems these programs had under NTFAP existed for more than one year, yet were not identified and corrected through the annual review process. He said that the community wants to see the AIDS Office hold its programs to strict standards, which it currently does inconsistently.

Toni asked how Barry will ensure that these contracts are clearly written for one year only, and how that assurance will be documented, given the fact that the letter siting an ending date of 2002 has already been approved by the Health Commission. Barry replied that he will report back to the Council on that issue.

5. PROPOSED LETTER REGARDING NEEDLE EXCHANGE

Sonja recalled that on April 20 Congress officially announced that it would not support funding for needle exchange programs. After that decision, Minnesota representative Roger (?) forwarded a bill that would permanently prohibit federal funding for needle exchange, and for all organizations that conduct or support exchanges. The House of Representatives has voted in favor of this bill. It is widely thought that the forwarding of this bill was a political maneuver to force representatives to publicly (and quickly), show their positions on needle exchange. The bill is currently at the Senate, and will be heard by the Labor and Human resources Committee. This Committee does not include any California representatives, but Teddy Kennedy is the (waiting for Sonja's response on this) and Jane Jefferts chairs the Committee. Sonja suggested that letters of opposition to the bill be sent to these two members, as well as to California senators Boxer and Feinstein.

Sonja forwarded the following proposal: the HPPC send letters of support for needle exchange to Teddy Kennedy, Jane Jefferts, senators Boxer and Feinstein and president Clinton. She also offered to draft the letters.

Jimmie noted that in San Francisco, federal funding goes to many organizations which conduct or financially support needle exchange. He suggested that this fact be noted in the letters to show that defunding all programs involved in needle exchange could be devastating to San Francisco's HIV/AIDS service system. This point might have a greater effect if made by the SFDPH itself.

Bill noted that if the bill passes then organizations using private and/or government funds to conduct needle exchange will move those programs into separate, non-profit, programs in order to

protect the federal funding for the rest of their programs. Thus the bill would probably not be as devastating to those organizations as it intends to be. Ellen noted that the bill would also effect organizations conducting research on needle exchange, which include the University of California, etc. It therefore will have a much farther-reaching effect then some might expect.
José Ramon suggested that the letters be shared with the media.

Steven S. noted that the co-chairs could sign the proposed letters at their meeting on May 21.

Sacul suggested that inclusion of comments from members of the public, particularly those who use needle exchange, could be useful. She volunteered to work with Sonja to draft the letters.
A question was called and Ellen facilitated the vote.

The motion restated: that letters outlining the HPPC's position on needle exchange and the current bill to ban federal funding to all organizations which practically support it be sent to Teddy Kennedy, Jane Jefferts, senators Boxer and Feinstein and president Clinton.

In favor: 22
Opposed: 0
Abstain: 0
The motion passed.

6. PREVENTION INDICATORS PROJECT

Mike Pendo, of the AIDS Office, explained that this project addresses level three, "community-wide indicators", of the Strategic Evaluation Plan, as outlined in the Prevention Plan. He recalled that level one of this plan involves evaluating providers and level two involves examination of intervention types.

Kimberly Page Shafer explained that she is in charge of the HIV Prevention Indicators Project, and Willie McFarland (head of DPH Seroepidemiology), is the Principal Investigator for the project. She distributed packets containing copies of the overhead projections for this presentation (see handout entitled "HIV Prevention Indicators Project" for details of the presentation). This project aims to use pre-existing data sets in several areas across the country (San Francisco, Texas, Massachusets, Louisiana and Minnesota) to identify prevention indicators that could be used nationwide. These indicators can then be used to assess the status of HIV, transmission trends, risk factors associated with transmission, etc.

In the first phase of this project the CDC convened large working groups to develop an initial set of indicators. This set includes biological, behavioral, knowledge, sociopolitical and service-level "vital signs". Kimberly reviewed data on many of the 130 indicators listed by the original working groups, and explained which have subsequently been removed from that list. The list was reduced to 40 indicators by assessing what data are available both nationally and locally and may be comparable at those levels. She noted that much of the data were gathered from Job Corps information. The benefit of Job Corps information is that its nationally standardized collection and reporting system. Its limitations include under-representation of some populations and the fact that certain information, such as sexual orientation, can not be gathered for the Job Corps.

Kimberly noted that although AIDS cases are among the indicators, it is a problematic one because diagnosis of AIDS can be very far removed from the time of contraction. Marcos commented that rates of seroconversion are very different in the incarcerated population than in the general public. Kimberly agreed, and said that the project is beginning to examine data from correctional facilities.

Kimberly explained that HIV prevalence was originally used as one of the core indicators, but will be changed to a "supplemental" indicator. Jose Ramon asked if ethnic breakdowns are available for any of the data shown. Willie replied that ethnic and age breakdowns are available for all data

included.

Also removed from the core indicator list is "concordance", or "burden of disease" on various populations. John N. observed that the amount of prevention funding allocated to MSMs is alarmingly low in comparison to the disease "burden" on that group. Ellen noted that 1996 was the first year that the impact of the HPPC prioritization process would be visible, and the data shown do not include that year. Kimberly explained that although the CDC determines what national data to use as indicators, local indicators can be developed supplementally. She asked members to provide feedback on the data they feel should be included locally.

Steven S. asked why the other cities receiving CDC prevention funding are not involved in this project. Kimberly explained that many felt they did not have the necessary data.
Regarding the information on numbers of child bearing women receiving prenatal care, Bill asked if there is any measure of the amount and quality of HIV-related information provided through that care. Kimberly replied that there is not.

Questions and Discussion
John W. asked if seroprevalence among transgenders has been considered as a local indicator. Kimberly explained that the aim of this project is to use existing data that are available nationally, and there is no standardized data collection on transgenders, anywhere. She noted that the Youth Risk Behavioral Survey is an example of a nationwide data collection method, but presents the problem that the survey is administered differently in different areas. In San Francisco this survey is given only with active parental permission, which means that very little data is collected.

Sonja asked if the relationship between poverty and HIV has been considered in this project. Kimberly said that poverty could be added to the local supplemental indicator list, but the core indicators are derived by the CDC working groups and can not be changed or added to by outside bodies. She thanked Sonja for the suggestion. Willie noted that some bodies charged with examining general community health are using poverty as in indicator. He expressed the opinion that tracking amount of, and trends in, poverty in an area would not provide information on the success or failure of HIV prevention efforts. Jose Ramon observed that although that information does not directly indicate a direction for HIV prevention, it does provide useful information for providers on their target populations.

Hank Wilson suggested that the HPPC address the problem of San Francisco's policy regarding the need for active parental consent to conduct the Youth Risk Behavioral Survey. Kimberly noted that changing this law would be difficult because in California every school board has the power to decide what does and does not require parental consent.

Ellen thanked Kimberly and Willie for coming and asked members with comments or suggestions about local indicators to contact Kimberly at the AIDS Office.

BREAK

7. CDC SUPPLEMENTAL FUNDING

Ellen reminded the Council that at the last meeting it was decided that the Priority-Setting Task Force would develop a recommendation for the prioritization of supplemental funding for HIV+ people, African Americans and Latinos. She introduced the Priority Setting Task Force.
The Task Force distributed packets containing copies of the overhead projections for this presentation. Bill listed the members and support staff of Priority Setting. He reviewed the categories which have been specified to receive CDC supplemental funding this year: TAP, evaluation, primary prevention for HIV+ individuals, African Americans and Latinos. Only the

last three of these are competitive.

Bill noted that the AIDS Office will determine how supplemental funding for the TAP is distributed. However, the Priority Setting Task Force will encourage the AIDS Office to take provider performance into account in that decision. Barry has agreed to report back to the Task Force when the plan for TAP restoration is completed. Jennifer noted that the amount allocated to this category will be so little that it would not be worth spending a great deal of time and energy deciding how to divide it. Also, if this funding is divided between too many providers then it will not be enough to benefit any of them. Toni explained that in directing the AIDS Office to link this funding to program evaluations the Task Force wanted to show providers that their monitoring results do effect funding.

Bill explained that the application process for supplemental funding for African Americans and Latinos will be competitive, and specific requirements have been outlined for the types of organizations which can receive this funding. These requirements have to do with the percentage of boards and staff that reflect the target population. In San Francisco, eight African American and two Latino agencies meet the qualifications. Maria asked if all local agencies were examined for eligibility, or only those currently receiving funding through the AIDS Office. She noted that Aguilas has 501(C)(3) status, but is not currently funded through the AIDS Office. Bill reminded the group that it is not within the purview of this body to discuss contract-level decisions.

Steven S. noted that the decision whether supplemental funding will undergo an RFP or single source process is pending, and will not be made until the application process is further along. Bill reviewed an overhead outlining the Priority Setting Task Force's recommendation for the prioritization of services for African Americans. The Task Force supports funding for BRPs 1-4, and within those particularly for MSMs over 30 years old and transgendered persons. Services for the Latino population are prioritized the same way, with the additional priority of immigrants.

José Ramon asked why FSMs are not included in either population's prioritization. He noted that particularly in the Latino population agencies see many heterosexual women who are infected by their partners. Bill replied that the Task Force tried to keep the prioritization lists narrow because funding is limited. He also noted that the group prioritized specifically according to gaps. Toni added that FSMs were discussed, and it was decided not to include them in the prioritization due to an assurance from the AIDS Office that funding specifically for women will be available later in the year.

Bill explaind that the sub-populations recommended for supplemental funding are not listed in order of priority.

Sonja reiterated José Ramon's concern regarding funding for women, and recalled that at the Mayor's Summit there was discussion of a chronic lack of HIV/AIDS services for African American women in particular. Bill clarified that a *lack* of services was not expressed, but a need for greater services than currently exist. He also noted that in many cases women are infected by male partners, thus focusing funding on men may indirectly effect transmission to women.

Maria asked exactly what funding is going to be available for women, and expressed support for the specification of Latino immigrants as a population to be targeted with supplemental funding. She expressed concern that the need to focus greater efforts on addressing co-factors was discussed by the 1997 Supplemental Funding Task Force, but not taken into account in this proposal. Lastly, Maria recalled that funding for women has been available over a year, and not allocated because an assessment of women's needs is required first, the results of which she has requested several times.

Valerie explained that last year's supplemental funding has been earmarked to serve speed users

and women. Results from the assessment of women's services among AIDS service providers and non-AIDS service providers are expected by mid June. The supplemental funding for women will then be allocated according to gaps identified by that assessment. The total funding from that source, to be divided between speed users and women, is $234,000, and it is still unknown what percentage of that amount each category will receive. Valerie noted that many gaps may actually exist in non-AIDS service providers, the possibility of which was discussed by the Supplemental Funding Task Force last year.

Bill continued to review the material presented in the packet. He noted that the providers eligible to receive supplemental funding will be allowed to propose its use for any intervention they choose, but required to justify their choice if it is not among those listed by the AIDS Office. In addition, it is suggested that 1-3 agencies from each of the two categories should be funded, and provided not only funding to increase services, but also technical assistance. The goal of this plan is to build the capacity of minority CBOs.

Bill reviewed the proposal for funding for HIV+ persons. He recalled that there are two components of prevention as it relates to the HIV+ community: prevention of transmission from an HIV+ to an HIV- person (primary), and slowing the progression of HIV disease in HIV+ people (secondary). The Priority Setting Task Force recommends that funding for these efforts go toward demonstration projects, in which grantees can include primary and secondary prevention. These projects should target racial and ethnic minorities, and other groups with barriers to access. In addition to funding to conduct the projects, $100,000 will be allocated for their evaluation. The Task Force decided that primary prevention efforts for people in care for their HIV should be prioritized across BRPs. Secondary prevention for those people should be covered by Ryan White funding. For those not accessing care services, the group discussed the importance of HIV prevention education and decided that this effort should be approached according to the BRPs. It recommends that the following groups be targeted for that effort: IDU, MSM, MSM/F, and the partners of all the above. Some secondary prevention efforts could be funded for these groups, but the focus should be primary prevention and the strengthening of linkages to already-existing CARE services.

Steven S. informed the group that much of the language included in the graph (in the packet), was taken directly from the CDC grant guidance.

Bill explained that the Task Force also prioritized technology and strengthening linkages to CARE as strategies for reaching the specified populations. Also prioritized were services which allert people to their own HIV status and interventions which lower the risk of HIV+ people spreading the virus to HIV- partners, such as prevention case management. Several members of the Task Force also suggested that partner counseling and enhancement of training standards should be considered important strategies.

Bill moved to approve the Priority Setting Task Force's proposed plan for the use of supplemental funding for Afican Americans, Latinos and HIV+ people, as presented. The motion was seconded.

Jimmie asked why the Task Force specifically chose to direct funding to gay men over 30 years old. Bill explained that that age was chosen because it is used as a cut-off in the Consensus Report. Jimmie expressed the concern that the use of such a low cut-off age may not correct the problem of under-service to older gay men. Bill reiterated that that age was chosen to be consistent with the Consensus Report and therefore able to utilize the information therein regarding "older" gay men.

Toni assured the group that services for women were discussed by the Priority Setting Task Force, and she was assured by the AIDS Office that other funding would be available and it would be

more prudent to use that funding to address women's needs.

Maria noted that the previous year's remaining supplemental funding will be divided between women and speed users according to a yet-unknown ratio. This means that the amount which will support services for women is not certain. Secondly, she noted that because the allocation of those funds has been delayed a year, funding for women's services is now one year behind (i.e. last year's funding amount will be used to address this year's needs). She admonished the Council to begin devoting more time, attention and energy to the concerns and service of women.

Bill noted that the supplemental funding for youth will end this year, and that group is not listed among the Task Force's populations recommended to receive supplemental funding. He explained that because funding is limited the group felt a need to keep the priorities narrow, but it is hoped that the technical assistance funding will benefit populations other than those specified.

Ellen expressed support for the proposal, as presented by the Priority Setting Task Force. She recalled that the figures examined in the supplemental funding discussion last year indicated that the prevalence of HIV among male African American IDUs was 70%, and that for African American and Latino MSMs was significantly higher than that of most other populations. This prioritization reflects those data. She called a question on the vote and proposed the friendly amendment that separate votes be held for the African American/Latino service proposal and that for the funding of HIV+ services.

Tracey clarified that an amendment to separate the proposal into two does not follow parliamentary procedure. Ellen asked if it is possible to call a question only on the section of the proposal that relates to African American and Latino services. Tracey said that that is possible. Bill agreed to hold a vote on whether to call a question on the African American and Latino section of the proposal, to be followed by a separate vote on the proposal for HIV+ services.

Ellen facilitated a vote on calling the question:
In favor: 11
Opposed: 6
Abstain: 1
The vote passed, so the question was called.

Bill facilitated a vote on the Priority Setting Task Force's proposal for the use of the supplemental funding award for African American and Latino services:

In favor: 13
Opposed: 3
Abstain: 2
The proposal was approved.

Steven S. moved to approve the Priority Setting Task Force's proposal on the use of supplemental funding for services targeting HIV+ people. A question was called.

Bill facilitated the vote:
In favor: 14
Opposed: 2
Abstain: 1
The proposal was approved.

8. CLOSURE AND EVALUATIONS

Ellen reminded Council members to complete evaluation forms for this meeting.

Attached to minutes for absent members

- API Wellness Center event invitation
- "Art for AIDS" event invitation
- Mission Neighborhood Health Center job announcement
- MNHC youth recruitment flyer
- UCSF job announcement
- "HIV: Strategies for Survival" seminar flyer
- "Self Defense Workshop By and For Sex Workers" flyer
- WAR and Exotic Dancers Alliance support group flyer
- Exotic Dancers Alliance "Heal Yourself Through Holistic Medicine" flyer
- AIDS Treatment News and GLMA articles on Viagra
- DPH letter to the Health Commission regarding the new contracts for Proyecto, NAAP and New Village
- Priority Setting Task Force supplemental funding recommendations for African American and Latino populations
- HPPC Calendar
- Committee Update
- Priority Setting Task Force proposal for supplemental funding

Attached to all minutes

Letter from Lyn Paleo regarding technical support

HARDER + COMPANY
COMMUNITY RESEARCH

Memorandum

To: Members of the HPPC and AIDS Office
From: Lyn Paleo
Subject: Technical Support
Date: May 12, 1998

Since I am out of town until the end of the month, I want to write this letter to express how badly I feel about what happened at the retreat during the Power Shuffle exercise. I feel badly that Latino members of the Council were made to feel invisible and unvalued and that people on the Membership Committee believed that it was they who were responsible for leaving Latinos off the list. The truth is that Rick overlooked the statement calling Latinos to cross the room. This is the kind of mistake that any of us could make when we are in front of a room conducting an intense exercise such as this one. However, as I told Rick, his real mistake occurred as people expressed their pain and anger: he did not consider whether he might have been responsible and look at the list to see if he had overlooked the question. As the lead person for the technical support team, I feel partially responsible, and certainly want to apologize for the team.

Providing technical assistance to this council requires insight into the role of culture and power in our society and in the group process of the Council. It also requires the ability to sift through large amounts of scientific material and synthesize it into something the Council can use; the ability to help chairs and AO people think about a framework for making whatever decision is before them; the skill to listen carefully to the discussions and formulate them into draft recommendations for review; and the capability to write the Council's work into the San Francisco HIV Prevention Plan. Rick has many of these skills, but he needs to gain more insights into culture and diversity. I will work with Rick to develop a plan whereby he can increase his skills and understanding in this area. In addition, I will work with Paul Harder over the next month or two to add staff to our technical support team to better serve the Council.

I realize this is a lousy time for me to be away from the Council, but please know that my thoughts are with you and I look forward to returning in June.

HIV PREVENTION PLANNING COUNCIL MEETING

MAY 28, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Barry Brinkley
Ellen Goldstein
Steven Sams

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Please read and bring:

- **Agenda**
- **Minutes of 5/14**
- **Strategic Evaluation Task Force Recommendations for Supplemental Funding for Evaluation**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements	Steven Sams	3:00 - 3:15 PM
2. Review & Approval of Minutes from 5/14	Steven Sams	3:15 - 3:20 PM
3. Public Comment	Steven Sams	3:20 - 3:30 PM
4. Strategic Evaluation Task Force Priority for Evaluation Research - Concept Vote	J. Colin Partridge	3:30 - 4:15 PM
5. Follow-Up Plans on Cultural Sensitivity Training	Ellen Goldstein	4:15 - 4:25 PM
6. Break		4:25 - 4:35 PM
7. Presentation on HIV Prevention for HIV Positive People	Jeff Leiphart, Brenda Storey, Rosalind Wright, Cynthia Gomez, Barbara Garcia, and Andrew Nelson Peterson	4:35 - 5:55 PM
8. Closure and Evaluation		5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities. For April HPPC Committee meetings, see separate announcement.

HPPC Meeting - Thursday, **June 11, 1998, 3-6 PM**. First Unitarian Church 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, **June 25, 1998, 3-6 PM**, First Unitarian Church, 1187 Franklin Street (@ Geary)

SF DPH

HIV PREVENTION PLANNING COUNCIL
MINUTES OF MAY 28, 1998

HPPC:	Thurs., June 11, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., June 25, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:

Barbara Adler
Bill Barnes
Marcos Bañales
Manny Dacalanio
Elizabeth Davis
Brenda Escobar
José Ramon Fernandez-Peña
Ellen Goldstein
Dredge Byung'chu Kang
Sacul L'Adnbre
Jennifer Lorvick
Sonja Mackenzie
Byron Mason
Helen Miramontes
Jimmie Naritomi
John Newmeyer
J.Colin Partridge
Dawn Passar
Jeff Poltl
Steven Sams
Steven Tierney
John Blake West
A. Toni Young

Members Absent:

Michael Bogan
Barry Brinkley
Michael Discepola
Dave Hubbard
Jelousy Jiggetts
Henry Ocampo
María Rinaldi
Nashanta Stanley

AIDS Office Staff:

Valerie Kegebein
Tracey Packer
Mike Pendo

Guests:

Eric Brown, Program Director of New Village
Sharon Gamble, WAN
Cynthia Laird, BAR
Mazdak Mazarei, Wedge Program
Victoria Scheider, E.D.A.
Hank Wilson, ACT UP Golden Gate

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Technical Support Staff:

Cory Endo
Rick Green, Harder & Co.
Lyn Paleo, Harder & Co.

Polaris R & D, Inc.

Emily Coles

Process Evaluation Team:

Pali Basi
Ruel Caneda
Kathleen Roe
Kevin Roe
Alison Wakefield

1. WELCOME AND INTRODUCTIONS

Steven S. welcomed the group and invited members and guests to introduce themselves.

Announcements:

Member Absences

Ellen announced that Mike Discepola is ill today, and noted that he will be participating in the AIDS Ride. Barry Brinkley is currently attending a California Prevention Working Group meeting in San Diego. Barb Adler is also in San Diego, attending a CTRPN conference. Maria Rinaldi is at her mother's funeral this afternoon, and asked Ellen to inform the Council that she has been using her pager and cell phone during meetings recently because her mother was very ill. Steven S. announced that Michael Bogan is ill today, and Henry Ocampo is on vacation.

John Blake West

- John recalled that the candlelight AIDS march occurred May 17, and had very few HPPC members in attendance. He expressed his fear that the poor turn-out for the march will adversely effect public attention to the issues of PLWH. John also reminded the group that the National Lesbian and Gay Health Conference will be held in San Francisco at the end of July. Nomination forms for the Community Service Award, to be awarded during the conference, have been sent to SF organizations, and he has extras. John noted that the conference desperately needs volunteers, and a time exchange arrangement has been made whereby anyone who donates five hours of their time can then attend the conference for the rest of that day and one additional day. Volunteers will meet Tuesday, June 16 at Hazel Betsey House.

Tracey Packer

- Tracey announced that there will be a "Transitions" party at Lyn Paleo's house on June 6 to send off Council members and staff who are leaving and welcome those just beginning with the Council. Sh circulated an invitation.

Shawn O'Hearn

- Shawn informed the group that the advertisements regarding Proposition E which were removed from the most recent BAR issue were removed by the publisher, Bob Ross, not the editorial board. He explained that Prop E will eliminate much of the affordable housing in San Francisco.

Sonja Mackenzie

- Sonja announced that a rally in opposition to Prop E will be held in Harvey Milk Plaza on Saturday, May 30. She also informed the Council that she will be leaving San Francisco in the fall to attend graduate school at Harvard, and her final HPPC meeting will be June 25. Sonja said that serving on the Council has been a good experience, and thanked members for making it so. Thirdly, Sonja announced that Proposition 227 appears to be strongly supported at this time, and asked those with time to donate for phone banking this weekend in opposition to the proposition contact her. Finally, Sonja distributed information about a "Femme Conference" which will be held in San Francisco May 30-31.

Dawn Passar

- Dawn announced that she will be in Thailand for the next two weeks, and will miss the June 11 Council meeting. Dawn plans to visit several areas in Thailand, including a village where more than 50% of the inhabitants are HIV+. She will take a computer and some medications to donate during the trip, and report her experiences to the Council upon her return.

Elizabeth Davis

- Elizabeth requested, on behalf of the Membership Committee, that Council members consider serving as mentors for new members, who will attend their first HPPC meeting June 11. She circulated a sign-up sheet for those interested in volunteering, and said that she will contact those who express interest in advance of the next meeting with further information on the mentoring process.

Steven Tierney

- Steven announced that Castro/Mission Health Center is organizing a health service program to provide primary care and substance abuse services to queer and questioning youth. This program will begin July 2 and continue operating every Thursday thereafter at the Castro and Mission Health Clinics. Secondly, Steven announced that the Mayor's budget contains a $500,000 line item specifically for substance abuse services for adolescents, which is a population that greatly needs those services. Finally, Steven announced that HIFY is currently seeking a director for its adolescent HIV program.

J. Colin Partridge

- Colin announced that he will need to leave ten minutes early.

Tracey Packer

- Tracey explained that the Selection Committee recently met and forwarded six new member nominations through Barry Brinkley to Mitch Katz, who conducts the final HPPC member appointments. Ten spaces remain open on the Council, four of which the Selection Committee has decided to advertise separately in order to recruit representatives which the Council currently lacks, and which are not present in the applications received already. These spaces are: two Latinos/as, one female to male transgender and one HIV+ woman.

The ten vacancies include Sonja Mackenzie's seat.

Sacul L'Adnbre

- Sacul apologized implying at the last HPPC meeting that she alone created the Cultural Competency Tool. She said that her use of "I statements" was unintentional, and acknowledged that creation of the tool was a team effort.

Ellen Goldstein

- Ellen noted that copies of the latest CAPS newsletter have been distributed, and encouraged members to contact her with any questions regarding its contents.

Steven Sams

- Steven explained that the "AIDS Volunteer Opportunities in San Francisco and the Bay Area" brochure at the back table was developed collaboratively by SF AIDS service volunteer managers, and is a good compilation of the AIDS service organizations that accept volunteers (contact Steven for brochures). Steven also noted that invitations for members to join the Pacific Bell AIDS Walk team have been distributed. Finally, he asked members who do *not* wish to be included on the AIDS Action Network fax list to notify him at this meeting.

Valerie Rose Kegebein

- Valerie distributed and reviewed a letter to the HPPC regarding the request for 1997 unobligated funds. This letter outlines the proposal that will be submitted to the CDC for $547,648 in unobligated funds, pending Council approval. It suggests that $340,241 of this amount be used to fill the portion of the TAP remaining after receipt of Supplemental funding, and $207,443 be used to restore the 1997 CDC Supplemental contracts. A back-up plan is being developed in case this funding is not received. Valerie explained that Council discussion and a vote on the proposal will be held June 11.

Kathleen Roe

- Kathleen raised a concern regarding the current use of the dialogue boxes. She noted that the dialogue box tool used by this Council has become popular across the country in facilitating exchange of ideas, encouragement, etc. in various types of public bodies. This format of communication was developed in San Francisco, and, in the several years that this body has used it, has been a positive and effective way to create dialogue and allow Council members to share the positive thoughts which are not voiced at meetings. However, recently the dialogue boxes have been used to judge and criticize Council members, which is not their intended purpose. Kathleen explained the dialogue boxes become public record, and negative comments made about specific people will remain on record for anyone to read. She admonished members not to use this tool to express negative feelings toward specific Council members. Kathleen also explained that the process evaluation team reports comments regarding process from the boxes to the Council leadership, and will begin to report to the Steering Committee as well, on comments from various Committees. In addition, she asked members not to judge or make assumptions regarding people who use their pagers or cell phones during meetings, or who leave meetings early, because they usually have very good reasons for doing so.

  Kathleen noted that someone has repeatedly suggested to the process evaluation team that space for comments regarding each agenda item be grouped together on their own page in the meeting evaluation forms. She explained that that possibility has been considered, but formatting the evaluation sheets in that way would use more paper, require more xeroxing, etc., which is why this suggestion has not been followed.

  In closing, Kathleen announced that Ruel Caneda, Pali Basi and Alision Wakefield have

received their MPH degrees, part of which included their work on the HPPC process evaluation team. Also, Alison will participate in the AIDS Ride.

Dredge Byung'chu Kang

- Dredge announced that he will not attend the June 11 meeting.

2. PUBLIC COMMENT

Victoria Schnieder

- Victoria announced that the UCSF Partners Study needs more participants. She has information for those interested.

3. REVIEW AND APPROVAL OF MINUTES FROM MAY 14

Ellen moved to approve the minutes without changes. The motion was seconded and a vote held. The minutes were approved without changes--17 in favor, 0 opposed and 3 abstaining.

4. STRATEGIC EVALUATION TASK FORCE PRIORITY FOR EVALUATION RESEARCH

Colin listed members and staff of the Strategic Evaluation Task Force: Michael Bogan, Erick Brown, Manny Dacalanio, Jennifer Lorvick, John Newmeyer, Jeff Poltl, Mike Pendo, Joe Wright, Rick Green, Kevin Roe and Emily Coles. He explained that the purpose of this presentation is to outline for the Council the Task Force's preliminary proposal for use of the $100,000 CDC Supplemental evaluation award, and possibly State funds as well.

Colin reviewed an overhead projection listing the gaps in research identified by the 1997 Strategic Evaluation Committee. These gaps were identified according to BRP, sub-group and intervention. He explained that the task of the group this year was to spend the spring and summer prioritizing the gaps, but due to the CDC Supplemental allocation for evaluation studies this process was sped up.

Colin reviewed an overhead projection listing high priority gaps identified by the Task Force. He explained that this list was abridged to create the final proposal for the use of this funding.

PCM

Two proposed priorities resulted from this process, the first of which is that funding be used to evaluate the effectiveness of Prevention Case Management for one or more BRPs. The Task Force specified the following guidelines for this study:

1. data on demographics, cofactors and covariates must be collected and reported
2. study must occur in an accessible and non-institutional setting, and may be geographically based or mobile
3. program(s) evaluated must include a harm reduction strategy
4. research design must enable researchers to demonstrate effectiveness of PCM
5. biological measures should be incorporated into research design, if possible
6. client satisfaction with the intervention and how it is delivered must be included in study results
7. the study must be culturally sensitive

In order to maximize resources, the Task Force recommends that researchers collaborate with programs already conducting PCM, or conducting other interventions with the desired population(s), to develop standardized PCM programs for the purpose of the study. Researchers will also be encouraged to examine new and innovative methods of PCM, and should describe the methodology studied.

Mike P. explained that the group reviewed a list of studies currently being conducted in San Francisco and California in general in order to assess local gaps. In response to confusion expressed by a Council member, Mike reviewed that the CDC Supplemental award includes an automatic $100,000 for those areas which receive more than $4 million in CDC funds, to be used for evaluation studies. The application deadline for this funding is imminent, so the Strategic Evaluation Task Force has developed this proposal of how the Council may direct the AIDS Office to outline the use of that award. At this time it is likely that the evaluation will be conducted by the AIDS Office Epi-Evaluation unit.

Bill asked how the research design will account for the fact that some programs combine PCM with other interventions while others do not. He also wondered how many programs currently provide PCM and might collaborate with researchers in this study. Jennifer explained that the reason for specifying that the study collaborate with pre-existing programs is to maximize cost effectiveness. In terms of the differences between different programs, it will be the researchers' responsibility to ensure that the programs studied are comparable enough to yield useful results. She added that many organizations currently provide PCM. Bill observed that the Task Force did not specify populations to be studied, and suggested that it do so. He also said that 38% of the Council's CDC funding is allocated to youth, making that a good population to evaluate.

Dredge noted that PCM methodology varies more than most interventions from one provider to the next. He added that the CDC PCM guidance recommends case-loads be 20-35 clients per caseworker, which could cause problems in attaining a good sample size for the study. Colin replied that the Task Force discussed these concerns, and knows that this is an expensive intervention to evaluate. For that reason the study should focus on hard-to-reach populations, which is why specifications of accessibility and possible mobility were included in the proposal.

John Newmeyer said that specifying target populations (especially by BRP) might be less important in PCM than in other interventions because of the combination of risks and range of demographics exhibited by the populations it is designed to target.

Jimmie requested assurance that this evaluation project would not duplicate city funded contracts which already cover evaluation. He also asked if the study will evaluate PCM itself, or access of services as a result of PCM. Colin replied that study questions could be designed to address both the delivery of PCM itself and its effect on client access to other services.

Toni asked how parity will be insured in the study if populations of focus are not specified. She also noted that the HIV epidemic follows certain demographics, which should be considered in the study target. Colin replied that specifics regarding race, SES, culture, etc. were not included in the proposal in order to keep the target possibilities broad and focused on the most at-risk clients. Toni asked that more objectives be specified regarding the populations of focus for this evaluation. She also asked if any other studies of this type are currently being conducted in California. Mike P. replied that he has been unable to find any. Finally, Toni asked what would be the incentive for CBOs to participate in the study. Mike P. said that participating programs will receive technical support from the researchers to build their PCM programs and develop a method to evaluate them. Valerie noted that there might be incentives of some kind for participating CBOs, but that in addition to benefiting those organizations this evaluation should contribute to the general knowledge of interventions.

Ellen said that, having conducted intervention evaluations in collaboration with providers through CAPS, she expects that $100,000 and one year will not be nearly enough to complete the proposed study. She noted that the AIDS Office currently does not fund any programs that conduct PCM in non-institutional settings, meaning that new programs would need to be started, which would require time for both development and client recruitment. Ellen suggested that the

study instead evaluate the different methods of PCM used by SF organizations funded to conduct this intervention through the AIDS Office. Another possibility would be to use the $100,000 to following up with clients who left PCM programs and find out why they left, what needs were and were not met, etc. In closing, Ellen said that she could not support the proposal as presented, but would support a proposal to conduct a *process* (rather than effectiveness) study of PCM as it currently exists in SF.

Bill noted that part of cultural sensitivity includes allowing the target populations served some control over the program design and implementation of the evaluation. Given this, he expressed discomfort that the study will automatically be conducted within the AIDS Office. Bill also asked if programs funded to conduct PCM are not also allocated an amount for evaluation of their programs.

Speed Users

Colin displayed and reviewed an overhead projection outlining the second proposal for use of evaluation funding, which is to study the relative effectiveness of specified interventions for speed users. This study should evaluate the programs funded by 1997 Supplemental funding for MSM, MSM-IDU, MSM/F and MSM/F-IDU, which will conduct extended VBIO, IRRC and PCM. Guidelines for this evaluation are:

1. study must collect and report on demographics, cofactors and covariates
2. research design must demonstrate the interventions' effectiveness
3. study should incorporate biological measures in addition to behavioral measures
4. study must include client evaluation of the interventions' effectiveness
5. study must be culturally sensitive

Jimmie asked why the Task Force proposes to evaluate the effectiveness of PCM in one study, and its *relative* effectiveness in another.

Dredge noted that Supplemental funding is a one-time funding source, and asked why programs should be evaluated that may not continue more than one year. Jennifer explained that the timelines for the two funding sources will coincide. Dredge also noted that Van Ness Recovery House, in Los Angeles, recently conducted a study on gay, lesbian, bisexual and transgender speed users. The results of that study may be useful.

Further Discussion

Bill moved to approve both proposed evaluation projects, with the recommendation that the Strategic Evaluation Task Force consider the concerns raised at this meeting in finalizing its proposal. The motion was seconded.

Colin reviewed the concerns raised regarding the proposed PCM study: lack of specified target populations; lack of clarity on intent regarding the guidance to include a client evaluation of effectiveness; need to stress process; lack of specificity regarding the process to be used in collaborating with CBOs; possibility that this study may duplicate evaluation efforts already funded by the city, and desire for it to instead complement such efforts.

Ellen reiterated her concern that the PCM study is unrealistic as currently directed. She said again that because of the level of funding and the timeline, this study should focus exclusively on process, rather than effectiveness.

Valerie noted that there is a good possibility that funding for these evaluation studies will be ongoing, which would make the PCM study, as currently outlined, more viable.

Jennifer agreed that the PCM proposal is unrealistic.

Helen moved to split the vote for the two proposed evaluations. The motion was seconded.

Bill withdrew his motion and asked what will happen if the votes are split and only one is approved. He expressed concern that that would mean the entire evaluation allocation would go to one study. Ellen replied that that would not occur because this is a concept vote, thus the Council can refer the rejected proposal back to the Strategic Evaluation Task Force for modification. Tracey added that the Council will conduct a final vote on CDC Supplemental funding proposals from both the Strategic Evaluation and Priority Setting Task Forces at its June 11 meeting. On June 25 the Council will review the application and vote on its concurrence.

Steven S. reviewed the current status of the conversation regarding evaluation funding: the Council will vote to split the decision on the two proposed evaluation projects and direct the Strategic Evaluation Task Force to amend the first (PCM) according to concerns raised in discussion.

Steven S. facilitated the vote to split the two priorities outlined by the Task Force:

In favor: 16
Opposed: 1
Abstain: 4
The motion passed.

Ellen moved to approve the proposal to direct an evaluation of intervention effectiveness for speed users, as presented by the Task Force. The motion was seconded.

Steven S. facilitated the vote:

In favor: 21
Opposed: 0
Abstain: 1
The motion passed.

Ellen moved to suggest that the Task Force discuss modifying the PCM proposal to direct a process evaluation. The motion was seconded.

Bill expressed the opinion that it is very important to evaluate intervention effectiveness, and a process evaluation may not yield substantive results. He suggested that, in order to make the proposal more realistic for the funding amount and timeframe, a specific target population be defined. John said that a process evaluation can provide useful information that serves as a base for future studies of effectiveness.

Ellen explained that a process evaluation includes study of feasibility, methodology and how it varies between agencies, populations for whom it is and is not effective, length of time that clients access this intervention, other services clients access as a result of this intervention, etc.

Dredge asked if the CDC already conducted a process evaluation of PCM. Ellen replied that the CDC drafted standards for PCM, but did not conduct a process evaluation.

The question was called.

Ellen restated the motion: to support the use of CDC Supplemental funding for evaluations to conduct an extensive process evaluation of PCM as it currently exists in San Francisco.

Steven S. facilitated the vote:

In favor: 14
Opposed: 3
Abstain: 4
The motion passed.

BREAK

5. FOLLOW-UP PLANS ON CULTURAL SENSITIVITY TRAINING

Ellen recalled that at the last Council meeting concerns were raised regarding racism and cultural insensitivity, and a request for Council training on the issue was forwarded to the Cultural Competency Task Force. The Task Force has developed two letters on the issue, which are available at the back table.

Sonja reported that the Cultural Competency Task Force discussed the request and decided that it is not within the purview of that body to organize a training for the Council, nor does it have time to do so. However, the group did develop two proposals for how to proceed with the issue, which are outlined in the letters. The first of these suggests that the AIDS Office be directed to request that all HPPC support staff through Harder + Co. attend cultural competency trainings. The second letter recommends that the Membership and/or Input Committees address the Council's need for cultural competency training by identifying an outside body to provide trainings every six months, to be attended by all members and staff.

José Ramon noted that because Council support staff are hired by the AIDS Office, the AIDS Office needs to insure that they are adequately trained in cultural competency. The Council itself does not have the power to do so.

Ellen said that the co-chairs have reviewed these recommendations and fully support them. They would like to suggest that organization of cultural competency trainings for the full Council become the responsibility of the Membership Committee, with an invitation to all other Council members who wish to be involved. The group identified to conduct these trainings will not be affiliated with the Council, and may not be locally based. Ellen noted that the CDC has a technical support contract, which could potentially be used for this purpose. Thus the service will not be paid for with Council or service dollars. Also, the co-chairs will schedule a discussion of cultural sensitivity at the June 11 HPPC meeting, to be framed as a needs assessment for this group. Regarding the issue of cultural sensitivity and Council support staff, Ellen noted that a letter from Lyn Paleo to the Council was distributed at that last meeting and attached to the minutes, and to this meeting's agenda. This letter is Harder + Co.'s response to the occurrence at the HPPC retreat which brought these issues to the Council's attention. The co-chairs will also be meeting with Paul Harder to discuss support staff cultural sensitivity.

Sacul suggested that the discussion on June 11 address the need for members experiencing cultural insensitivity to have a person/body to report it to and know their concern will be addressed. She recalled that the experiences she outlined at the last Council meeting were most painful because she did not have anyone to report them to.

Sonja clarified that the Cultural Competency Task Force's recommendation is that semi-annual trainings become an institutionalized practice for the HPPC.

Bill requested that an estimate on the amount of money involved in an ongoing training process be brought to the next meeting. Steven S. assured him that this process will be covered by funding from either the city or CDC technical support.

Elizabeth asked if the discussion on June 11 will be a time for the Council to discuss past experiences with racism, such as that had by Sacul, or if it will be a generic discussion of the Council's needs regarding cultural sensitivity. She expressed a desire to discuss Sacul's experience on the Cultural Competency Committee last year, and the possibility that there is racism within the Council. Ellen replied that the Membership Committee, and any other Council members who wish to be involved, will decide exactly how to frame that discussion at its next

meeting.

Steven S. noted that an outside facilitator will be sought for the June 11 discussion of this issue. He explained that the goal of that discussion should be to openly and honestly raise the issues that need to be addressed within this body regarding cultural sensitivity. It should not be an opportunity to blame or criticize Council members and staff, but to discuss behaviors which are inappropriate in this body. He admonished all members to attend this meeting.

Elizabeth encouraged Council members to attend the next Membership Committee meeting, where this discussion will be planned, so that that plan is created with as much input as possible.

Steven S. noted that the June 11 agenda will also include three important votes, so this discussion will have to be kept to the allotted time, which will be just under an hour.

Helen said that the HPPC trainings should be experiential in order to facilitate healing and help members recognize and work on their own biases and prejudices.

Bill suggested to the co-chairs that the action items be placed before this discussion on the June 11 agenda to ensure their completion.

6. PRESENTATION ON HIV PREVENTION FOR HIV POSITIVE PEOPLE

Ellen noted that this is the first presentation organized by the Input Committee, and expressed her excitement to be bringing outside input to the Council. She recalled that primary prevention for PLWH has been identified as a priority for funding, which the HPPC has not addressed up to this point. To that end, the Input Committee has invited representatives from providers who conduct primary prevention for PLWH to discuss their programs with the Council. Those present are from Mission Neighborhood Health Center, IRIS Center and AIDS Health Project, which were not chosen because of any specific representation but because collectively they serve a broad range of populations. Researchers from CAPS have also been invited to present their work with primary prevention for PLWH.

Jeff Leiphart, Director of Prevention Services at AIDS Health Project

Jeff explained that AHP is primarily a provider of professional mental health services. The organization has three main divisions: CARE Services, which mostly serves HIV+ people; Prevention Services, which mostly serves HIV- people; and Publications and Training. Among other things, the Publications and Training division writes the curriculum for all HIV antibody testing in California and trains testing counselors. The organization includes slightly over 100 employees, hundreds of volunteers, and hundreds of clients.

Jeff outlined a brief history of HIV prevention methodology. Due to a national realization that education is not sufficient to prevent HIV transmission, AHP is following a new approach to prevention, based on psychological intervention and programming. This approach works on the premise that there are psychological reasons why people knowingly engage in "risky" behavior, and these reasons can be addressed by imparting upon clients the necessary psychological skills to remain HIV- or avoid infecting others.

AHP was recently reorganized to emphasize prevention. The HIV counseling and testing unit, which provides 90-95% of all counseling and testing in SF, is now a prevention program. The new REACH Program (Risk Evaluation and Counseling for Health) works on a psychosocial model and organizes events, workshops, etc. designed to educate the public on HIV-related services available throughout SF. Jeff noted that AHP's contracts specify its target population as HIV- MSM. He reviewed a list of psychological variables that influence risk-taking, including low self-esteem, life apathy and survivor guilt (among many others). These variables are addressed in the REACH Program.

AHP also has a new program called Linkage Counseling, whereby people who test positive for HIV are informed of the services available for PLWH and linked to an AHP counselor who stresses discussion of psychosocial issues that cause unsafe behavior.

The psychosocial approach to prevention appears to be effective because AHP is seeing a decrease in risk-taking among clients. The organization works on a model of harm reduction to educate clients about risk and help them reduce it.

In closing, Jeff noted that it has been difficult for AHP to work with HIV+ populations because its prevention contracts specify HIV- MSM as the target population. CARE contracts do sometimes include a prevention component, but never as the focus of the program.

Brenda Story, Mission Neighborhood Health Center
Brenda explained that the HIV clinic within MNHC, Clinica Esperanza, has been in operation since 1989. This clinic serves a racially diverse set of clients, most of whom are gay and bisexual men. Although it has always addressed primary prevention with HIV+ people, Clinica Esperanza has had an historical lack of resources and support to do so.

The primary tactics used by Clinica Esperanza are prevention education and psychosocial intervention. The former of these is conducted primarily by health educators, and the latter by social workers and case managers, mainly with serodiscordant couples. Annual chart reviews are conducted to assess changes in behavior, and comparison between years indicates some success in reducing risky behavior. Other markers of risk, such as STDs, are also examined over time.

Brenda noted that one of the most common risky behaviors among the clients of Clinica Esperanza is unprotected oral sex. Many HIV+ clients also report engaging in unprotected sex with other PLWH, and there appears to be little concern regarding reinfection or drug resistance. Many clients report that they will use a condom when asked, and assume that their partner is HIV+ if not asked.

Clinica Esperanza is currently conducting a group prevention program for gay and bisexual Latino men, half the members of which are HIV+, and half HIV-. This program will provide information on the difference in behavior changes between HIV+ and HIV- people when exposed to the same intervention.

Brenda expressed the opinion that more research is needed in the field of primary prevention for HIV+ people. Resources for interventions with that population are also needed. Regarding the Council's discussion of evaluating PCM, she noted that this intervention varies widely between providers, making comparison difficult. She suggested that it would be more useful to develop and implement an intervention, and then evaluate its effectiveness.

Rosalind Wright, IRIS Center
Rosilyne explained that IRIS Center is a counseling and recovery service for women, and has programs on HIV and mental health, CARE services for HIV+ women in recovery, and an HIV prevention component. The prevention program serves both women who are and are not enrolled in the center, and is comprised of harm reduction groups. Women are usually referred to the prevention unit from their counselors in HIV mental health or CARE, or brought in through outreach. The prevention groups focus on sexual health, and facilitators stress sensitivity to each woman's comfort level and readiness to discuss that issue. Many of the clients seen in this program are do not want to be sexually active at this time, so topics such as masturbation are discussed as part of sexual health. The groups also employ peer education for HIV+ women and safe sex education components. Street outreach done through the HIV prevention program largely accesses the population of sex workers who use drugs, and has found that the majority are in favor of condom use, but will forego use if paid to do so. For this reason the prevention

program has developed a brochure on the importance of asserting the need for protection, and how to do so.

Research Team

Ellen introduced Cynthia Gomez and Barbara Garcia, from CAPS, and noted that outlines of the studies they are currently conducting were mailed with the pre-meeting packets.

Cynthia Gomez

Cynthia outlined the three studies currently being conducted by CAPS on primary prevention for HIV+ people. These studies are summarized in a document included in the pre-meeting mailing. She noted that a goal of all three studies is to understand HIV+ people's perception of their responsibility in prevention. CAPS will also compare studies to assess differences in those perceptions between populations.

Cynthia explained that at this point the study targeting HIV+ MSMs has identified three categories into which participants can be grouped: 1. Very careful and responsible regarding prevention, 2. Never consider HIV or prevention, 3. Cognizant of risks, but siting a "reason" why they engage in unprotected sex. Factors effecting risk have also been identified, and include perceived lack of control, spontaneity, location of the encounter and related assumptions, and type and characteristics of the sexual partner. Cynthia read two testimonies given by participants in this study, which demonstrate different attitudes toward prevention.

Barbara Garcia

Barbara explained that she works on the CA Partners Study, and has found that many couples are unable to openly discuss sex. In order to help participants discuss sex researchers try to simulate the atmosphere of a group discussion counseling sessions by sharing pertinent personal experiences, without shifting the focus of the session from the participant. One of Barbara's goals for this study is to share with people working in all parts of the AIDS service field what counseling tactics were found to be effective in this study.

José Ramon noted that one source of frustration for providers is the language gap between researchers and CBOs. This issue needs to be addressed so that research results can be better integrated into the service system.

Sharon Gamble observed that there has been no discussion of woman to woman HIV transmission. Cynthia replied that a nationwide study of that phenomenon is slated to begin this fall, for which San Francisco will be one of the sites.

Ellen thanked the speakers.

7. CLOSURE AND EVALUATION

Ellen reminded members to complete meeting evaluation forms. She also announced that she will be resigning from the Council this summer. Ellen will serve as co-chair for both June meetings, after which she will continue sitting on the Community Input Committee to help insure that presentations brought to the Council include viewpoints from researchers. She asked that Council members consider their interest in replacing her as co-chair.

Attached to minutes for absent members:

- "Call for On-Site Volunteers" for the National Lesbian and Gay Health Conference
- "Call for Nominations" for the NLGHC
- "Femme" conference notice
- "Be a Mentor to a New Member of the HPPC"
- CAPS Newsletter
- Pacific Bell AIDS Walk team recruitment information
- AIDS Office request for Unobligated funds
- two letters from the Cultural Competency Task Force outlining its suggestions for raising the cultural sensitivity of Council members and staff

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HIV PREVENTION PLANNING COUNCIL MEETING

JUNE 11, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Barry Brinkley
Ellen Goldstein
Steven Sams

Please read and bring:

- **Agenda**
- **Minutes of 5/28**
- **This Packet**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements	Ellen Goldstein	3:00 - 3:15 PM
2. Review & Approval of Minutes from 5/28	Ellen Goldstein	3:15 - 3:20 PM
3. Public Comment	Ellen Goldstein	3:20 - 3:30 PM
4. Priority Setting Task Force - Priorities for Supplemental Funding Application - Final Vote	Bill Barnes	3:30 - 3:45 PM
5. Strategic Evaluation Task Force Priority for Evaluation Research - Final Vote	Strategic Evaluation Task Force	3:45 - 4:10 PM
6. Break		4:10 - 4:20 PM
7. Letter of Concurrence for Proposed Use of 1997 CDC Unobligated Funds - Vote	Barry Brinkley	4:20 - 4:35 PM
8. Cultural Competency Issues - Discussion	Steven Sams and Barry Brinkley	4:35 - 5:40 PM
9. CDC Supplemental Application - Presentation of Implementation Plans - Discussion	Barry Brinkley	5:40 - 5:55 PM
10. Closure and Evaluation		5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, **June 25, 1998, 3-6 PM**, First Unitarian Church, 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, **July 9, 1998, 3-6 PM**. First Unitarian Church 1187 Franklin Street (@ Geary)

SF DPH

HIV PREVENTION PLANNING COUNCIL
MINUTES OF June 11, 1998

HPPC:	Thurs., June 25, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., July 9, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:

Barbara Adler
Bill Barnes
Marcos Bañales
Michael Bogan
Barry Brinkley
Manny Dacalanio
Elizabeth Davis
Michael Discepola
Brenda Escobar
José Ramon Fernandez-Peña
Ellen Goldstein
Dave Hubbard
Sacul L'Adnbre
Jennifer Lorvick
Sonja Mackenzie
Byron Mason
Jimmie Naritomi
John Newmeyer
Henry Ocampo
Shawn O'Hearn
María Rinaldi
Steven Sams
Steven Tierney
John Blake West
A. Toni Young

Members Absent:

Dredge Byung'chu Kang
Helen Miramontes
J. Colin Partridge
Dawn Passar
Jeff Poltl

AIDS Office Staff:

Gelia Garcia
Lyn Fischer-Ponce
Valerie Kegebein
Tracey Packer
Mike Pendo

Guests:

Eric Brown, Program Director of New Village
Sharon Gamble, WAN
Cynthia Laird, BAR
Hank Wilson, ACT UP Golden Gate

Technical Support Staff:

Lyn Paleo, Harder & Co.
Michael DeMayo

Polaris R & D, Inc.

Emily Coles

Process Evaluation Team:

Pali Basi
Ruel Caneda
Kathleen Roe
Kevin Roe

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1. WELCOME AND INTRODUCTIONS

Ellen welcomed the group and invited members of the public who came to address the Council to submit public comment forms.

Announcements:

Member Absences

- Steven S. announced that the following members notified the co-chairs in advance of their absence from this meeting: Dawn Passar, Colin Partridge, Helen Miramontes and Michael Bogan. He also announced that Jealousy Jiggets has resigned from the Council.

Mike Discepola

- Mike announced that he needs to leave the meeting at 4:00.

Steven Sams

- Steven informed the group that an article by STOP AIDS is available at the back table (this article is lengthy and so will not be attached to minutes for absent members. However, those who would like copies can contact Emily Coles, of Polaris R & D, at 777-3229). He also announced that candidate statements for the soon-to-open community co-chair position must be submitted to the AIDS Office by June 23.

John Blake West

- John reminded the group that the National Lesbian and Gay Health Association annual meeting will be held in San Francisco, July 25-29. On-site volunteers are needed, and those who donate five hours can attend the conference for the rest of that day and another day, free. Volunteers will meet June 16, 7:00 at Hazel Betsey House. Information is available at the back table.

Maria Rinaldi

- Maria noted that she faxed a letter to Council members this week, but those who do not have fax machines did not receive it. Copies will be made available at the back table.

Valerie Kegebein

- Valerie listed the documents available at the back table and reminded members to pick up copies.

Manny Dacalanio

- Manny announced that he is part of a Hawaiian dance company that will perform July 10-12 and 17-19. Tickets can be purchased from Manny. Flyers are available at the back table.

Shawn O'Hearn

- Shawn announced that an updated DPH organizational chart, created by Larry Merideth, is available at the back table.

Bill Barnes

- Bill announced that a meeting about HIV surveillance, called by Mayor Brown, will occur June 12 at 401 Van Ness Ave. Representatives from Maryland and Massachusetts, which currently have unique identifier systems, have been invited to share suggestions for San Francisco's surveillance system. These discussions of HIV surveillance in San Francisco will be held on an ongoing basis. Bill also reiterated that his comments to this Council are not intended to represent the Mayor's Office in any way.

Lyn Paleo

- Lyn noted that the latest Committee Update has been distributed, and the new membership list and Council calendar are also available. She introduced Michael DeMayo, who will replace Lyn as technical support staff to the HPPC when she returns to school in August. Lyn also announced that she and Michael will leave this meeting during the discussion of cultural competency, because it was requested that they do so, and that Rick Green is not hear due to a request that he not attend today.

Elizabeth Davis

- Elizabeth distributed a sign-up sheet for those interested in mentoring new members.

Hank Wilson

- Hank announced that LYRIC, a service provider for gay and lesbian youth, is holding its annual conference in SF July 11-12. The title of this year's conference is "Out, Loud and Proud". Prevention providers are invited to have booths at this event to inform the public about their services and show support for LYRIC. Hank said he was appalled by the lack of provider participation at the conference last year, and admonished prevention providers in the room to get involved.

2. APPROVAL OF THE MINUTES FROM MAY 28: Ellen asked for changes to the minutes. It was noted that Shawn O'Hearn is not listed in the attendance chart. The minutes were approved with the addition of Shawn to the roster.

3. PUBLIC COMMENT

Ellen announced that public comment will be limited to three minutes per person.

Diane Felix, Proyecto Contra SIDA Por Vida

- Diane noted that the minutes from the May 14 meeting indicate that the Council is not well-informed about Proyecto's transfer to Mobilization Against AIDS. She explained that in order

to address the issue of finding a Latino organization to serve as the new fiscal agent she met with several of Proyecto's stakeholders, clients, volunteers, staff, etc. This group decided, as a community, to choose MAA as its fiscal agent. Diane read the MAA mission statement, which was felt to be very compatible with that of Proyecto. It is also felt that MAA will best enable Proyecto to further its goal to become an independent lesbian, gay, bisexual and transgender Latino/a agency, providing many different services in addition to HIV prevention. This aid will include help in board development and technical assistance. Diane noted that Council members expressed concern that Proyecto will no longer meet the CDC definition of a minority organization under MAA, which is not the case. She also stressed that Proyecto was not forced into MAA, but chose it for fiscal agent.

CarlaClynes

- Carla announced that the annual Mr. and Ms. Gay Safe Latino competition will be held June 19 at the Mission Cultural Center. She also noted that the first multiple session transgender support group in Spanish is under way and going well.

Hank Wilson, ACT UP Golden Gate

- Hank noted that the International AIDS Conference in Geneva is approaching. He said that it is important to ensure that research conducted in San Francisco and presented at that conference is also made available here, which it frequently has not been in the past. This issue needs to be discussed with the Center for AIDS Prevention Studies, the SFDPH, and all other agencies conducting HIV/AIDS research in SF, none of whom sufficiently report information gathered from this community back to the community. Hank also noted that the following agencies are doing nothing regarding the issue of poppers: SFAF, STOP AIDS Project, Proyecto, LYRIC, AIDS Health Project, Living Well and Brothers' Network.

  Ellen noted that the UCSF AIDS Research Institute, including CAPS, is planning a report back from the conference in Geneva on July 22 or 25.

Loras Ojeda, CARE Council member

- Loras expressed disappointment with the new member selection process followed by this group, which is out of compliance with the bylaws. Loras was notified of his interview only two or three days in advance, and no other community member was present for that meeting, as is outlined in the bylaws. The other community member had cancelled the day of the meeting, and no replacement was found. He encouraged the Council to re-examine this process, and noted as currently organized it does not reflect a strong commitment to recruitment of community members.

Council responses to community input

Maria announced that a board member of Mobilization Against AIDS recently informed her that if the contract has not been certified yet then MAA will be unable to support Proyecto for a third month. This person also said that the AIDS Office promised to provide MAA with extra financial support during this window period, and then informed the agency that that would not happen.

Barry said that he has discussed the transition of Proyecto to MAA with Norm Nickens, of the DPH. It is a complex process, which he will include in the next meeting's HIV Prevention Director's report.

Toni asked Diane if Proyecto's board is more than 50% people of color. Diane replied that it is currently 50% of color, and recruitment to bring it above that is under way.

Bill noted that use of the word "transfer" to describe Proyecto's move to MAA was not intended to imply a forced change, but simply that the contract has been assumed by a different agency. The Council understands that Proyecto chose MAA. Bill explained that the CDC guidance for

Supplemental funding has very specific criteria which agencies must meet in order to qualify. One of these criteria is that "50% plus one of the board members must be of the target population". Thus MAA would need to have a board composed of more than 50% Latinos in order for Proyecto to qualify for a CDC Supplemental funding allocation. The program management team is held to the same standard of representation. He noted that there has been concern that very few SF agencies will qualify for Supplemental funding according to these criteria. Bill also expressed agreement with Loras Ojeda that greater community involvement is needed by the Council, while noting that members make significant efforts to solicit community participation.

Toni stressed that the CDC criteria regarding qualification for Supplemental funding is agency-specific, not project-specific. Bill added that it also applies to fiscal agents.

Elizabeth asked if Proyecto serves many clients who are not Latino as well. Diane said that it does. She also noted that Proyecto received support from the Human Rights Commission, Health Commission, AIDS Office, and other organizations in its decision to work with MAA. No one raised a concern about eligibility for Supplemental funding, and the fact that Proyecto is a Latino/a organization could not be questioned given its make-up. Diane added that a plan has been developed for Proyecto and she has no doubt that the criteria will be met. Elizabeth said that she visited Proyecto and found it to be a commendable organization.

Jimmie expressed the opinion that the CDC criteria regarding percentage of boards representing the target population will only hurt the system with its exclusiveness.

4. PRIORITY SETTING AND STRATEGIC EVALUATION TASK FORCE PROPOSALS FOR THE PRIORITIZATION OF CDC SUPPLEMENTAL FUNDING

Ellen reviewed the purpose of this discussion, which is to formally approve the proposed prioritization plans developed by the Priority Setting and Strategic Evaluation Task Forces for the use of CDC Supplemental funding. Ellen also reviewed the agenda for this meeting.

Proposed Prioritization of Funding for African American, Latino and HIV+ Populations

Bill noted that members should have received the sections of the concept vote for this proposal that have already been approved. He distributed minutes from the Priority Setting Task Force's last meeting, written by Meridith Blanc, in which the final proposal for prioritization of Supplemental funding is outlined. Bill reviewed the CDC eligibility criteria for organizations applying for Supplemental funding to serve African American and Latino populations:

1. boards be composed of 50% + 1 members of the target population
2. use of a management team
3. prior experience working with the target population for which funding is applied

Bill reviewed the proposal for African American and Latino populations, as previously approved in a concept vote, and referred the group to page two of the distributed minutes, where more specific criteria for this proposal are outlined. He reviewed the criteria, which are divided into program- and agency-specific lists.

José Ramon asked why the criteria do not include program incentives. He noted that incentives such as food, vouchers, etc., are not strongly supported by the AIDS Office, but are effective in motivating clients to access services. Toni explained that the criteria specify the majority of funding to go to staff because a common complaint from providers is that they do not have the resources to adequately compensate long-term staff. Bill added that evidence of client input is also a criterion, and if clients request incentives then that could be among the program's expenditures.

Jimmie asked why the proposal specifies a focus on MSMs over 30, while the draft implementation plan says MSMs over 40. Bill explained that the delineation of over 30 years was intended to reflect the Consensus Report, and that the implementation plan is developed by the AIDS Office according to the Council's guidance, and does not have bearing on this discussion. He asked that questions regarding the implementation plan be held until the discussion of that document.

Elizabeth noted that the CDC is less restrictive of incentives than the State. Bill reiterated that the omission of a specific incentives criterion does not imply that incentives can not be funded in addition to salaries if the funding application demonstrates a need.

Maria recalled that the 1997 CDC Supplemental funding guidance specified that at least 75% of funding go toward direct services, which included incentives. She expressed the opinion that the current criteria do not preclude incentives and do not need to be changed for that reason.

Bill explained that the AIDS Office will review currently funded agencies to ensure that a significant number can meet the agency-specific criteria. After completing the review of criteria, Bill moved to approve the proposal as it relates to funding for programs targeting African Americans and Latinos. The motion was seconded.

Maria raised a concern relating to the monitoring process, which Bill explained is not related to this vote.

The question was called.

The motion restated: to approve the proposed prioritization plan for the use of Supplemental funding for African American and Latino populations, including the program and agency criteria listed in the distributed Priority Setting Task Force minutes.

Ellen facilitated the vote:

In favor:	20
Opposed:	0
Abstain:	2

The motion passed.

Bill reviewed the document regarding funding for HIV+ populations included in the pre-meeting mailing, which outlines this proposal. Bill added that the DPH will be the lead agency in this project, and will be directed to mount an actively involved Community Advisory Board composed of members of the HPPC and CARE Council, representatives from funded providers, community members and DPH representatives. This group will create a more specific plan for the use of Supplemental funding, which was purposely left vague by the Task Force so that greater community and provider input can be involved in its development. Bill motioned to approve this proposal. The motion was seconded.

The motion restated: to approve the Priority Setting Task Force recommendations for an HIV+ demonstration project for CDC Supplemental funds, including the stipulation that the DPH will serve as lead agency for this project, and will be directed by a Community Advisory Board of the specified composition.

Ellen facilitated the vote:

In favor:	22
Opposed:	0
Abstain:	0

The motion passed.

Proposal for Prioritization of Supplemental Funding for Evaluation

Ellen introduced John Newmeyer to present the Strategic Evaluation Task Force proposal for the prioritization of Supplemental funding for evaluation.

John N. reviewed that the Council already approved the Task Force's proposal to evaluate interventions for meth-amphetamine users. This target population was chosen because it has been identified as a major area of seroconversion. The second component of the Task Force's recommendation is a process evaluation of Prevention Case management (PCM). This intervention attempts to reach the most high-risk, low-access populations.

John N. reviewed the proposal for evaluation of interventions for speed users, which remains unchanged since the May 28 Council meeting when it was approved in concept, without changes. He noted that there is disagreement in the HIV prevention community around whether intervention is possible while people are using meth-amphetamines. Some believe that it is, citing examples such as needle exchange and bleach distribution as effective interventions for IV drug users. Others believe that the differences between heroine and speed make them incomparable, and the ways in which speed effects people's choices makes effective intervention impossible. John explained that treatment as prevention for speed users has been suggested, but its effectiveness insufficiently evaluated.

John N. reviewed the proposed process evaluation study of PCM, as described in the pre-meeting mailing. He reiterated that the populations targeted by PCM are high-risk, difficult to find and difficult to keep in programs. Some of the questions around this intervention, the methodology of which varies widely from one provider to the next, relate to whether the target populations are really being reached, what referrals are needed and given, which kinds of clients remain in PCM and which drop out, etc. This process evaluation of PCM will serve as base information to be used in answering those questions. John moved to approve both proposals (meth-amphetamine intervention study and PCM process evaluation) for the use of Supplemental evaluation money. The motion was seconded.

José Ramon asked if providers must be currently serving the target populations identified for the PCM study. He also noted that many high-risk populations are not included in that list. Mike Pendo replied that the intent is to study agencies that are currently conducting PCM, and focus on members of the identified target populations in doing so. The Task Force also wanted to insure that agencies conducting PCM specifically with one or more of the listed populations will be included in the study.

Jimmie cautioned against overlapping funding-evaluation of PCM in this proposal, and interventions with Latinos and African Americans, which might include PCM and must include evaluation, in the previous proposal. Ellen expressed her opinion that the different sections of the Supplemental funding application do not overlap. Mike added that PCM services to all populations accessing them will be evaluated, but the identified populations will receive greater emphasis in that evaluation.

Maria noted that many agencies have discontinued their PCM programs, and suggested that these organizations be included in the study in order to assess why PCM is difficult to provide, and for whom.

Bill raised his concern that a process evaluation of PCM will duplicate the evaluation processes already conducted by agencies on their own services. He expressed the opinion that the efficacy of PCM is important to address at this point. John N. replied that this study may not address efficacy at all, because it has been decided that the actual process of PCM, and the populations it serves, needs to be described before efficacy can be studied.

Toni requested that the motion to vote on both proposals concurrently be withdrawn in favor of a motion to split the vote. John N. withdrew his motion to approve both proposed studies. John W., who seconded that motion, withdrew his second. John N. moved to approve the PCM process evaluation proposal. The motion was seconded.

Bill asked if there are currently funded process evaluations of PCM programs. Ellen replied that there are not. Mike P. added that all agencies are required to conduct process evaluation of their programs, but this proposal relates to a global study of PCM rather than evaluation of individual programs.

John W. explained that this evaluation of PCM will provide much-needed baseline data for future studies of the intervention.

Manny noted that this proposal was developed directly from the concerns and suggestions forwarded by Council members at the last meeting, and called the question.

The motion restated: to approve the Strategic Evaluation Task Force's proposal, as presented, to direct the use of Supplemental evaluation money for a process evaluation of Prevention Case Management.

Ellen facilitated the vote:

In favor: 15
Opposed: 1
Abstain: 5

The motion passed.

Mike P. explained that the application for funding to support a study of interventions for speed users will be submitted to the State, rather than the CDC. The PCM study application will be submitted to the CDC for Supplemental funding.

John W. moved to approve the proposal regarding evaluation of interventions for speed users. The motion was seconded. Steven S. called the question.

The motion restated: to approve the Task Force's recommendation to prioritize an evaluation study of interventions for meth-amphetamine users, the application for which will be submitted for State funding.

Ellen facilitated the vote:

In favor: 22
Opposed: 0
Abstain: 0

The motion passed.

BREAK

5. LETTER OF CONCURRENCE FOR PROPOSED USE OF 1997 CDC UNOBLIGATED FUNDS

Ellen reviewed the outcome of the votes held in the previous agenda item and noted that all necessary Council decisions for the CDC Supplemental application have now been made. She then transitioned to the next vote, on the Unobligated funds proposal. Ellen explained the process for submission of funding applications: 1. the Council sets priorities, 2. the AIDS Office uses the Council's directives to develop an application, 3. the Council reviews that application and either approves it and writes a letter of concurrence, or does not approve it and writes a letter of non-concurrence. The Council's letter is submitted along with the funding application, and if it expresses non-concurrence then the CDC takes extra measures to negotiate the implementation of the plan outlined in the application. A letter of non-concurrence does not, however, mean that funds will necessarily be cut off by the CDC.

Barry distributed a memorandum from the AIDS Office to HPPC members regarding the CDC Unobligated funds application. He recalled that at the last meeting a letter from Valerie was distributed which outlined proposed use of CDC unobligated funds from 1997. He reviewed that the CDC will restore $176,000 of the $517,000 TAP, leaving a $340,000 deficit. The total amount of unobligated funds available is $547,000. The AIDS Office proposes that $340,000 of that amount be used to fill the remaining TAP, which will leave $207,000 in unobligated funds. The AIDS Office further recommends that these funds be utilized to replace half of the $414,000 that was placed into supplemental contracts in 1997 to cover January-December 31 of 1998.

Bill asked how the funding used to restore supplemental contracts will be prioritized. Barry replied that the prioritization of that funding need not be specified in the application, and can therefore be addressed at a later date. He noted that the AIDS Office can develop and present to the Council recommended criteria for prioritization of that funding.

Maria asked if the unobligated funds include the allocation specifically for women which was mentioned during the Priority Setting Task Force's first presentation of its proposal for Supplemental funding. Barry said that it does not.

Bill moved to approve the AIDS Office plan for the use of unobligated funds, as presented. The motion was seconded.

Ellen asked for further discussion. None was offered. She clarified that this vote is whether to approve a letter of concurrence with the presented plan.

The motion restated: to approve a letter of concurrence with the AIDS Office's plan for the use of unobligated funds.

Ellen facilitated the vote:

In favor: 22
Opposed: 0
Abstain: 0

The motion passed.

Ellen informed the group that the co-chairs have decided to delay item 9 on the agenda, *CDC Supplemental Application—Presentation of Implementation Plans*, until after the discussion of cultural competency issues. Item 9 will be shortened, due to lack of time, and completed at the next meeting. The cultural competency discussion will not be shortened.

7. CULTURAL COMPETENCY ISSUES—DISCUSSION

The group held a discussion of insensitivity which has been encountered within the Council itself, and among support staff. The discussion was facilitated by Miriam Garfinkle and Tim Vincent, outside facilitators, and was open to the public. A recording of this discussion is available upon request from the AIDS Office.

8. CDC SUPPLEMENTAL APPLICATION—PRESENTATION OF IMPLEMENTAION PLANS

Due to lack of time, Barry asked that Council members read the distributed draft application and give comments to the AIDS Office by Tuesday, June 16. He noted that the application must be sent to the CDC by June 19.

Valerie announced that a special meeting has been scheduled for Monday, June 15, 2:00 at 25 Van Ness Ave. for Council members to review the implementation plan with AIDS Office staff, ask questions and give their input. Those who are unable to attend this meeting but have comments must call or fax them to the AIDS Office no later than June 16 because the final draft must be completed by June 17.

Attached to minutes for absent members:

- Call for volunteers for the NLGHC
- Hawaiian dance company performance flyer
- DPH organizational chart
- Committee Update
- Updated Council membership list
- Updated Council calendar
- Priority Setting Task Force minutes
- AIDS Office memorandum regarding CDC Supplemental application

HIV PREVENTION PLANNING COUNCIL MEETING

JUNE 25, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Barry Brinkley
Ellen Goldstein
Steven Sams

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Please read and bring:

- **Agenda**
- **Minutes of 6/11**
- **Draft of the CDC Application**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements Announcement of Co-Chair Nominees	Barry Brinkley	3:00 - 3:15 PM
2. Review & Approval of Minutes from 6/11	Barry Brinkley	3:15 - 3:20 PM
3. Public Comment	Barry Brinkley	3:20 - 3:30 PM
4. Cultural Competency: Next Steps	Steven Sams	3:30 - 3:40 PM
5. CDC Supplemental Application - Presentation	Barry Brinkley	3:40 - 4:15 PM
6. Break		4:15 - 4:30 PM
7. CDC Supplemental Application - Q & A	Barry Brinkley	4:30 - 5:10 PM
8. Letter of Concurrence - Vote	Barry Brinkley	5:10 - 5:40 PM
9. Community Co-Chair Farewell	Ellen Goldstein	5:40 - 5:55 PM
10. Closure and Evaluation	Barry Brinkley	5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities. For April HPPC Committee meetings, see separate announcement.

HPPC Meeting - Thursday, **July 9, 1998, 3-6 PM**. First Unitarian Church 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, **July 23, 1998, 3-6 PM**, First Unitarian Church, 1187 Franklin Street (@ Geary)

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HIV PREVENTION PLANNING COUNCIL
Minutes of June 25, 1998

HPPC: Thurs., July 9, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.
Thurs., July 23, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:
Bill Barnes
Michael Bogan
Barry Brinkley
Manny Dacalanio
Elizabeth Davis
Ellen Goldstein
Dredge Byung'chu Kang
Sacul L'Adnbre
Sonja Mackenzie
Jimmie Naritomi
Henry Ocampo
Shawn O'Hearn
Dawn Passar
María Rinaldi
Steven Sams
John Blake West
A. Toni Young

Members Absent:
Barbara Adler
Marcos Bañales
Michael Discepola
Brenda Escobar
José Ramon Fernandez-Peña
Dave Hubbard
Jennifer Lorvick
Byron Mason
Helen Miramontes
John Newmeyer
J. Colin Partridge
Jeff Poltl
Steven Tierney

AIDS Office Staff:
Gelia Garcia
Tracey Packer
Mike Pendo

Guests:
Al Cunningham, YITS
Sharon Gamble, WAN
Ed Lee, Minnesota HIV Prevention Task Force
Victoria Schneider, EDA

Technical Support Staff:
Michael DeMayo

Polaris R & D, Inc.
Emily Coles

Process Evaluation Team:
Pali Basi
Ruel Caneda
Kevin Roe
Alison Wakefield

1. WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

Steven S. welcomed the group and explained that in order to facilitate the announcement section of this meeting, members will be asked to make their announcements when they introduce themselves.

Announcements:

Member Absences

- Steven S. announced that the following members notified the CO-chairs in advance of their absence from this meeting: John Newmeyer, Brenda Escobar, Jennifer Lorvick, J. Colin Partridge, José Ramon Fernandez-Peña, Byron Mason, Barb Adler, Michael Discepola, Helen Miramontes and Steven Tierney.

Emily Coles

- Emily announced that she will be participating in the Gay Pride Parade on Sunday, June 28, and asked members to come show their support.

Maria Rinaldi

- Maria announced that the Mr. and Miss Gay Safe Latino competition took place on June 19. She thanked Barry and Kevin for attending this event, and noted that more than 300 people attended.

Bill Barnes

- Bill announced that the Supreme Court has ruled that HIV disease qualifies as a disability, thereby entitling PLWH to protection under the Americans with Disabilities Act. He also announced that he intends to run as CO-chair of the HPPC, pending a decision by the City Attorney as to the legality of an assistant to the Mayor holding that position.

Dawn Passar

- Dawn announced that she recently returned from her trip to Thailand, where she visited a village where more than 50% of the inhabitants are HIV+. Part of the purpose of this trip was

to bring HIV medications to the people there, and she intends to continue that effort. Dawn asked that anyone with access to medications contact her, and circulated pictures from the trip.

Sonja Mackenzie

- Sonja announced that this is her last HPPC meeting. She thanked the Council for making her membership an enriching experience, and noted that she may return after graduate school, with greater knowledge of the political, social and economic issues around HIV.

Kevin Roe

- Kevin announced that Kathleen Roe is on vacation.

Shawn O'Hearn

- Shawn noted that although Proposition E passed, there is a push to get a legislation on owner move-in evictions on the ballot in November. A petition has been created for this purpose, and requires 15,000 signatures by July 5.

MichaelDemayo

- Michael distributed a Harder + Co. staff transition plan for his replacement of Lyn Paleo as technical support to the HPPC, and for that of Rick Green.

John Blake West

- John announced that volunteers are still needed for the National Lesbian and Gay Health Association annual conference in July. He also noted that he recently sent copies of a letter addressed to the CO-chairs regarding his feelings about the Council to all Council members with faxes. He brought extra copies for those who did not receive this letter.

Jimmie Naritomi

- Jimmie announced that he recently moved. Those who need his new phone number can ask him directly or obtain it from the Council membership list in the AIDS Office.

Ellen Goldstein

- Ellen noted that AIDS Research Institute newsletters containing several good articles on prevention are available at the back table. Also at the back table are registration forms for a conference on AIDS Behavioral Prevention Research and Service. This conference will include presentations by some of the country's best AIDS researchers and service providers. Ellen also announced that July 22, 2:00-5:00 at Cole Hall, the AIDS Research Institute will report back from the Geneva Conference.

Steven Sams

- Steven announced that the three community CO-chair candidates are Bill Barnes (pending the City Attorney's decision, as he previously stated), Maria Rinaldi and Toni Young. The vote on this position will be held July 9.

  Maria announced that she will not be present for the July 9 meeting due to a trip which was scheduled before this vote. Steven said that her statement will be read to the Council in her absence.

***Guests*:**

Victoria Schneider, UCSF Partner Study

- Victoria announced that she has flyers for anyone seeking information on services provided through the UCSF Partner Study.

Mike Pendo, AIDS Office

- Mike announced that Kim Schaffer, of the AIDS Office Sero-Epidemiology branch, will hold a half-day meeting on the HIV Prevention Indicators Project toward the end of July. This meeting will provide Council members an opportunity to give input on the development of local indicators, which involves level three of the HPPC Strategic Evaluation Plan. A notification letter has been sent to members.

2. APPROVAL OF THE MINUTES FROM JUNE 11: Steven S. asked for changes to the minutes. Maria asked why the Cultural Competency discussion was not included in the public record. Steven explained that the CO-chairs decided that due to the complexity and length of the discussion it would be difficult to transcribe, but tapes are available in the AIDS Office for those who wish to hear it themselves. John W. motioned to approve the minutes. The motion was seconded and the minutes approved 11 in favor, 2 opposed and 2 abstentions.

3. PUBLIC COMMENT

Sharon Gamble

- Sharon expressed her concern regarding the lack of attention to the issue of woman-to-woman HIV transmission. She noted that very little research has been published on this topic, and it has not gained the attention of this body. Sharon knows several women who were infected by female partners, and feels that the community needs greater information on HIV transmission and prevention for FSFs.

  Toni noted that she has information from two studies of woman-to-woman HIV transmission, which she can share with Sharon. Bill noted that GMHC, in New York City, has good information on this topic, which he will try to find for Sharon. Sacul also offered to share information from a study of FSFs.

4. CULTURAL COMPETENCY—NEXT STEPS

Steven distributed and reviewed a status report on the Council's cultural competency trainings. The CO-chairs are currently organizing trainings for the entire Council, to occur every six months, soon after new members begin attendance. These meetings will not be held during regularly scheduled Council time, but as separate retreats.

A process is also being established by which members' concerns regarding cultural sensitivity can be formally addressed. The first step in this process will be to voice concerns at a CO-chairs' meeting, which occur the first and third Thursday of each month, 3:00-5:00 [*correction: CO-chairs' meetings occur on the first Thursday of the month, 2:30-4:00, and the third Thursday, 3:00-5:00*]. If needed, a mediation process utilizing existing resources within the DPH will be used, and this process will not be funded by prevention dollars.

Finally, cultural competency trainings for AIDS Office and technical support staff are currently being scheduled. Negotiations are under way with several organizations that may provide these trainings, including the Management Support Center and Chris Sandoval, of Polaris Research and Development.

Steven noted that the CO-chairs have organized the next steps for Council and staff cultural competency trainings in order to ensure that that task was addressed in a timely manner. However, the Membership Committee is being asked to take on this task as an ongoing responsibility, starting after the first Council training.

Maria noted that she recently received a document written by Chris Sandoval, which discusses

cultural competency in the field of HIV prevention, including guidelines for CBOs, community planners, etc. The information in this document is basic and useful. Maria also thanked the CO-chairs for their work on cultural competency.

Sonja thanked the CO-chairs for planning full Council trainings outside regular meetings in order to keep Council meetings focused on the charge of this body.

5. CDC SUPPLEMENTAL APPLICATION

Barry noted that the application has already been revised several times, based on input given during different meetings. Today he will present the most current draft and request the Council's final questions and recommendations, after which the group will vote on a letter of concurrence. The four components of this draft are: restoration of funding, funding for minority CBOs, funding for HIV+ people and funding for evaluation. Barry thanked Tracey Packer, Mike Pendo and Valerie Kegebein for their work on this document.

Barry distributed and reviewed a document developed by Michael Demayo, entitled "Priority Setting and Resource Allocation", which gives an overview of those two processes, as defined in the CDC Supplemental Guidance on HIV Prevention, and the roles and responsibilities of the HPPC and AIDS Office. He explained that as part of the application process, the AIDS Office is required to include a letter of Council concurrence or non-concurrence with the funding application. This letter should indicate the extent to which the AIDS Office and HPPC agree upon the plan and priorities outlined in the application. If the HPPC votes not to concur with the AIDS Office's application, reasons for that decision must be stated in the letter of non-concurrence.

Barry displayed and reviewed overheads outlining the CDC Supplemental application in its current form. He noted that a few changes have already been made to the information he will present, which are the following:

- Throughout the document "HIV+" will be replaced with "HIV Positive"
- p. 25 "illegal immigrants" changed to "undocumented immigrants"
- p. 25 "undeserved" changed to "underserved"
- p. 24, 25 "FTM" changed to "MTF"
- p. 4-6 principles for cultural competency will be removed and reference made to the addendum

Barry explained that the official TAP for FY 1998 is 2.25%, or $176,759. The remainder of the $517,000 reduction was taken from San Francisco's base award. This funding had been expected due to a previous trend of the addition of Supplemental funds to the base award. The CDC informed San Francisco, at the last minute, that that funding would not be added in 1998.

Bill noted that the 2.25% TAP was applied to every area receiving CDC prevention funding in order to cover CDC administrative costs, and asked why the base award was reduced as well. Barry replied that in the past each year's base award was that of the previous year plus the previous year's Supplemental amount, causing the base to increase every year. This year, however, the CDC decided not to add the 1997 Supplemental amount to the base.

Elizabeth asked why San Francisco has $500,000 in unobligated funds from 1997. Barry explained that there are many reasons for under-spending, which include under-staffing and late program start-up. He acknowledged that $500,000 in unobligated funds is too much, and said that the AIDS Office has requested using the 1997 unobligated funds to restore the cut in 1998 funds. Elizabeth asked if in the past the CDC has allowed unobligated funds to be used in the subsequent year. Barry replied that it did in 1996. Ellen added that although the CDC has generally not awarded jurisdictions the use of unobligated funds, they did in 1997 when we applied for '96

unobligated funds. Even though the funds were awarded, San Francisco still has not received the check for those funds.

Toni asked what categories in the budget caused the $500,000 in unobligated funds. Barry explained that the answer to that question would have to be an in-depth report on amounts spent and unspent by each CBO. Toni replied that a comparison of the amount unspent by CBOs collectively and by the DPH would be sufficient. She expressed concern around the plan to fully restore all DPH programs without knowing the extent to which they are responsible for the unobligated funds. Barry asked her to re-raise this point during the discussion of the document. He added that the full $547,000 restoration is expected, meaning that *all* programs will be restored to their previous funding levels and not just those within the DPH. That being the case, automatic restoration of DPH programs should not be an issue.

Jimmie asked if a plan has been developed in the advent that the request for unobligated funds is denied. Barry replied that it has, and will be presented at another time.

BREAK

6. CDC SUPPLEMENTAL FUNDING APPLICATION—QUESTION AND ANSWER

Component I

Toni reiterated her concern regarding the amount of unobligated funds left in DPH contracts. Barry replied that he does not have the breakdown of who did and did not spend their entire 1997 allocation, but can make it available later. Steven S. noted that the CDC tracks AIDS Office budget and expenditures closely, indicating that the bulk of under-spending occurred in CBOs, not the DPH. Barry also noted that the amount which will be automatically restored to DPH programs is $10,000, which is a small proportion of the entire requested amount, which is $547,000, and therefore should not be of great concern.

Maria expressed the opinion that the amount to go to DPH programs is not the concern, but the criteria used to determine that allocation. She noted that the total unobligated funds from 1997 exceed the TAP and base award reduction, and asked what will be done with the excess funds, and if it is assumed that only the amount needed to restore all contracts to their previous funding levels will be received. Maria added that if unobligated funds are to be used to restore three-year contracts, and the CDC does not raise the base award next year, then the problem of insufficient funding to maintain those contracts at their 1997 levels will be perpetuated. Barry replied that, regarding the first question, excess unobligated funds will be used to extend the 1998 supplemental contracts six months into 1999. Maria asked what criteria will be used to determine which contracts to extend and to what degree. Barry explained that funding will be awarded to supplemental contracts which the HPPC has already prioritized, according to the criteria used to do so.

Maria noted that the large amount of unobligated funds indicates that some populations are not being served as they should be according to the Council's prioritization. She expressed concern that if those funds are spread across all populations then the ones they were originally intended to support will continue to go underserved. Barry replied that the program monitoring process is designed to assess each program's success in accomplishing the tasks outlined in its contract. This process will safeguard against funding being leached from a particular population by under-spending of its providers. Barry added that the monitoring process is being improved.

Bill recalled that prevention contracts funded by the CDC were reduced this year, while those supported by other funding streams were not. He expressed the opinion that it was irresponsible

for the AIDS Office not to conduct an assessment of the populations impacted by the reduction in CDC funding. He noted that he participated in a project monitoring visit and found that the program was not rendering the services outlined in its contract. Bill requested that the section regarding extension of Supplemental contracts include a statement that program monitoring criteria will be used to inform that process, as well as stipulation of parity among funded BRPs. In addition, he suggested that a stipulation be added that if an agency declines the Supplemental award then that funding will go to other agencies serving the same populations, rather than spread across all BRPs. Barry replied that that can be added to the application, although as currently written the funding would be distributed among BRPs already prioritized by the Council. He added that because the programs in question began this year, their monitorings have not yet been completed, but will be finished before Supplemental funding is distributed, and will be used to inform that distribution.

Shawn expressed frustration regarding the amount of unobligated funds from 1997, and asked that plans to reduce that number to zero in the coming years be presented to the Council.

Dredge asked if unobligated funds rolled into this year will be added to 1998 contracts. Barry replied that because 1998 will be more than half over when the funds are received, the time period during which they must be used will probably be extended to include January 1-December 31 of 1999. Tracey added that the funds will have to be encumbered by the end of 1998, to be used during 1999. Mike Pendo noted that the process and timeline for use of Supplemental funds are outlined in the minority CBO section of the application, and those for unobligated funds will be similar.

Elizabeth expressed concern regarding the monitoring of CBOs to ensure that their funding is spent. She noted that under-spending due to low staffing, etc., should be anticipated and the funds used in a different way. Barry replied that one way in which the AIDS Office is addressing the problem of CBO under-spending is by increasing its monitoring staff. The monitoring schedule is also being addressed, with the goal to begin monitoring each twelve month contract six months after its start-up.

Sacul also expressed concern about the unobligated funds, and frustration that the prioritization of those funds must be repeated annually.

Toni expressed her concern that people of color and women will lose funding through the current plan for distribution of unobligated funds. Barry replied that the plan to distribute funds declined by one agency among the rest should not cause that problem because agencies are unlikely to decline. Toni explained that the place where those populations will become under-funded is if a significant amount of the unobligated funds was caused by agencies serving them. If this is the case, then the money intended for those populations, and not used by their providers, will then be spread across the board rather than directed to other programs serving the same populations. Barry replied that that is a monitoring issue that can not be addressed through this application. He added that the amount of unobligated funds from 1997 can not be reduced at this time, so the only choice is to request that that amount be made available to support the prioritization which the Council already approved for this year. The AIDS Office recognizes the problem of significant unobligated funds, and is working to avoid it in the future.

Maria recalled that those who attended the meeting on June 15 were told that the Council can not decide whether to fully refund DPH programs because that is a DPH decision and has already been made. She requested that, if that decision is not for the Council to make, it be removed from the vote. On June 15 it was also explained that the reasoning behind the decision is that DPH employees have not received a cost of living raise in five years. She noted that although that may be the case, DPH staff still receives higher wages than staff in any CBO. Tracey clarified that

DPH programs have not received increases in their program amounts, but staff salaries have continued to rise due to union laws. Thus as wages increase the amount of funding available for programs costs decreases.

Maria asked how long the DPH contracts last. Tracey replied that they continue as long as the programs comply with their contract requirements.

Barry said that the directive regarding full restoration of DPH programs can be removed from the application, rather than causing undue concern over $10,000. He reiterated that the entire requested amount is expected, and if it is received then those contracts will be restored anyway.

Ellen reminded the Council that it already voted to support a letter of concurrence with the proposed use of unobligated funds. She also noted that the roles of the HPPC are to set priorities and advise the AIDS Office on implementation of those priorities, not to create an implementation plan. Finally, she expressed agreement with the concern regarding the populations effected by the base award cut, and requested that criteria be added to the application that refunds be informed by an assessment of the BRPs effected by that cut. She added that the specific criteria for that assessment should be left open for later development and approval by the HPPC.

Component II

Bill re-raised a suggestion from the June 11 meeting to allow funding for minority CBOs to be directed toward program services as well as staff. Barry replied that that language change was made when the Council voted on the Priority Setting Task Force recommendation, and is included in the application. Bill also noted that the overhead outlining prioritized populations implies that immigrants and transgendered persons *over 30* have been prioritized, which was not the case. Barry said that language will be clarified.

Bill asked if the program networks that can receive Supplemental funding for minority CBOs are to be within or across ethnicity, if they will have to be outlined prior or subsequent to receipt of funding, and if only existing networks can apply. He also queried whether organizations that do not meet the minority CBO criteria, but serve the specified populations, can apply for Supplemental funding as part of a network. Barry explained that agencies applying for Supplemental funding must meet the criteria set by CDC and the HPPC, and organizations which work with those agencies but do not meet the criteria would have to sub-contract with the primary provider to receive funding. He added that the other specifics Bill asked about regarding timing and composition of the networks have not yet been established, but will be presented to the Council when ready.

Jimmie asked the purpose for the criteria that applicants have at least one year of experience serving the specified target population, and noted that this precludes new programs from applying. Barry replied that the intent was to ensure that funding go to agencies with some experience serving the target population that they are applying for funding to target.

Ellen requested that "The development of collaborations between minority service providers" and "Conducting of focus groups to increase understanding of population needs" be added to the list of primary goals for this section. She also asked how many agencies are to be funded, noting that in one place the application states "all agencies agreeing to program specifications" will receive funds, while in another a limit of five programs is set, and in yet another it is stated that one program per group will be funded. Ellen noted that 400 African Americans are specified to receive service through this funding, and only 300 Latinos. In addition, she observed that OD/TA and a BRA are specified criteria for applicants, and asked how these criteria differ from those which all contractors are required to meet when applying for HIV Prevention funding. She expressed the opinion that if funded programs are not to receive additional OD/TA then that sentence should be

removed. To Ellen's first question Barry replied that the application should consistently state that five programs will receive funding.

Regarding Ellen's second question (why 400 African Americans and 300 Latinos?) Toni recalled that the Priority Setting Task Force discussed the possibility that it may cost more per person to serve the immigrant population, which would reduce the total number effected by this funding. Barry said he will have to review the reasoning behind that decision from Committee notes.

Maria asked if agencies who have contracts with the city but are not specifically HIV/AIDS service providers can also apply for Supplemental funding. Barry replied that they can, as specified in the Priority Setting Task Force proposal. Maria expressed opposition to funding networks in which sub-contractors do not meet the CDC and HPPC criteria for Supplemental funding. She suggested that if this is to be the case that a stipulation be added that the sub-contracting agency can receive no more than 5% of the total award.

Toni expressed agreement with Maria's suggestion to include caps on the amount of funding that can be received by sub-contractors. She also noted that the Priority Setting Task Force tried to be very stringent around compliance, use of OD/TA and resources, etc., in order to stress their importance.

Ellen suggested addition of the language: "if a collaboration applies, the lead agency must fulfill the CDC requirements and can not sub-contract more than 5% of the funding to non-minority based agencies, as defined by the CDC requirements". Toni noted that the intent is for funding to remain within the specified ethnic group, which should be reflected in that statement.

Steven S. reminded AIDS Office staff to fill in the grid on page 23 of the application. He also noted that at the bottom of page 22 there is a typo ("1885" instead of "1985"). Steven also asked that an explanation of the specification of 300 Latinos vs. 400 African Americans be added to the document (that explanation being that it is anticipated that interventions to reach the immigrant population may be more costly per person). He reiterated Ellen's previous question regarding whether applicants will be expected to conduct additional BRAs, and if they will receive extra OD/TA. Mike Pendo replied that the answer to this question is under discussion within the AIDS Office. The feeling at this point is that agencies should not be required to conduct an extra BRA, and that they will receive extra OD/TA. Tracey recalled that the Task Force specified a requirement that programs receiving Supplemental funding must participate in OD/TA.

Component III

Bill requested that the language on intervention 2 be changed from "refer people to care" to "link people to care". He also suggested that "increase the number of HIV+ people on antiretroviral treatment" be changed to "increase the number of HIV+ people becoming informed on antiretroviral treatment". Mike Pendo noted that that language has already been changed, but was not reflected in the overheads. Bill also suggested that prevention and care providers be linked, rather than creating prevention services within care providers and having those services stop when Supplemental funding ends. Regarding the Community Advisory Boards, he noted that the application currently does not specify who will appoint members, and suggested that the HPPC be given that charge. Barry replied that continuation of programs after their establishment depends on other potential funding sources. He noted that demonstration projects are, by definition, time limited, but are often continued once proven to be effective. It also may be that once the higher start-up costs are covered by prevention funds, care funding can be used to maintain the program. Mike Pendo added that the demonstration project is outlined so that the CAB, which will be composed of both prevention and care providers, will decide the best way to structure the project.

Bill recommended addition of language specifying that the HPPC will be responsible for convening

the Community Advisory Board, and regulations regarding parity, inclusion and representation, as outlined in the CDC guidance for the HPPC, will also apply to that body.

Shawn expressed the concern that people who are tested for HIV are not referred to clinics for STD testing, while the opposite does occur. He asked that language be added to component III specifying that people who test positive for HIV also be linked to screening services for STDs, parasites and other infectious diseases in order to ensure maximum health going into HIV treatment.

Elizabeth suggested that a representative from an STD provider be required on the Community Advisory Board. She also noted that interviews have shown that many people assess their own risk of contracting an STD as much higher than that of contracting HIV, and suggested that links be made to encourage clients in STD clinics to seek HIV testing as well.

Steven S. requested that a line be added on page 40 regarding how the HPPC will be educated about outcomes of the demonstration project.

Component IV

Jimmie asked if the PCM study will also involve an assessment of referrals given through PCM (i.e. how many, how appropriate, follow-up rates, etc.). Ellen suggested that on page 48 "intervention" be changed to "PCM and referrals".

Bill recalled that the PCM study was changed from an outcome evaluation to a process evaluation, and asked if behavioral change is considered part of process. Mike Pendo explained that the intent is to assess the types of behavior information which programs gather on their clients, not to analyze the changes themselves.

Maria reiterated her suggestion that programs which have conducted PCM in the past, but do not do so currently, be included in the PCM study. Ellen suggested the language: " interviews with HIV prevention grantees previously funded to do PCM regarding reasons for dropping that mode..."

Elizabeth observed that page 44 of the application specifies two health workers. She asked why there need to be two, and how their time will be broken down. Barry explained that current staff members will probably be hired to devote part of their time to this project, thus they will not be full time.

Bill moved to support a letter of concurrence with the application, with the note that the Council will clearly outline all of its concerns for the AIDS Office in the future. The motion was seconded.

Toni offered the friendly amendment that the letter of concurrence include a $10,000 cap on restoration of DPH programs. Tracey suggested that the cap be specified in the application instead.

Bill rephrased the motion: the HPPC will support a letter of concurrence with the AIDS Office application for CDC Supplemental funding, pending the addition of a $10,000 cap on funds used to restore DPH programs.

Steven S. facilitated the vote:

In favor: 17
Opposed: 0
Abstain: 0

The motion passed.

John W. expressed a concern that the HPPC is still largely unaware of the direction in care services. He asked when and how this problem will be rectified. Maria noted that the Community Input Committee discussed this concern at its last meeting and decided that a presentation from the CARE Council will be scheduled after the two presentations which the Committee has already planned. Bill noted that CARE Council meetings are open to the public.

Ed Lee, of the Minnesota HIV Prevention Task Force, expressed the opinion that valuable information to direct the Council's priorities could be gathered by an assessment of what providers are generating unobligated funds, and thereby under-serving their target populations.

7. CLOSURE AND CO-CHAIR FAREWELL

Ellen distributed a farewell letter which she addressed to the Council, as well as a letter from former community CO-chair Ronnie Ashley (Chata) regarding the recent discussions of cultural competency on the HPPC. She observed that only a few of the current HPPC members were part of this body prior to her election as CO-chair, thus few have seen her change through the evolution of her role on the Council. Ellen explained that there is a large difference between being a member who can argue personal opinions, and being a CO-chair who's role it is to facilitate and bring the group to a common understanding that may not reflect one's personal position. She also noted that there is an isolation to serving as CO-chair, which the new candidates should consider.

Attached to all minutes:

- personal statements from community CO-chair nominees

Attached to minutes for absent members:

- Harder + Co. staff transition plan
- AIDS Research Institute newsletter
- AIDS Behavioral Prevention Research and Service conference registration forms
- Outline of Cultural Competency next steps
- Priority Setting and Resource Allocation explanation
- Ellen Goldstein's farewell letter to the Council
- Former community CO-chair (Chata) letter to the Council

HIV PREVENTION PLANNING COUNCIL MEETING

JULY 9, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

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Meeting called by: **Co-Chairs:**
Barry Brinkley
Ellen Goldstein
Steven Sams

Please read and bring:

- **Agenda**
- **Minutes of 6/25**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements Special Welcome to the New Members	Barry Brinkley	3:00 - 3:25 PM
2. Review & Approval of Minutes from 6/11	Barry Brinkley	3:25 - 3:30 PM
3. Public Comment	Barry Brinkley	3:30 - 3:40 PM
4. HIV Prevention Director's Report	Barry Brinkley	3:40 - 4:05 PM
5. Co-Chair Nominees' Statements and Election - Vote	Barry Brinkley	4:05 - 4:25 PM
6. Break		4:25 - 4:35 PM
7. Presentation on Crystal Meth/Speed Use and HIV Prevention	TBA	4:35 - 5:55 PM
8. Closure and Evaluation		5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, **July 23, 1998, 3-6 PM**. First Unitarian Church 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, **August 13, 1998, 3-6 PM**, First Unitarian Church, 1187 Franklin Street (@ Geary)

*Government Info Cnt-5th Fl (2 copies)
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Bill Barnes

for HIV Prevention Planning Council Co-Chair

847 Haight Street
San Francisco, CA 94117
(415) 554-5101 (work)
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June 30, 1998

Dear Fellow HPPC Member:

Thank you for your hard work and support of a letter of concurrence reflecting the priorities set by the Council for the CDC supplemental application. I am pleased that the Council voted unanimously in favor of the letter despite the very serious concerns many Council members raised. I believe our vote demonstrates that we are willing to support important HIV prevention programs despite our concerns, and I am grateful. I also anticipate that the AIDS Office will be more responsive in the future. **I am also writing to announce that due to Ellen Goldstein's resignation from the Planning Council, I will be a candidate to fill the remainder of her term as HPPC Co-Chair.**

I have truly enjoyed my service on the planning council so far. As Chair of the Priority-Setting Task Force, I have worked in partnership with the Task Force members not only on issues outlined at the beginning of the year, but on the supplemental application as well. I am confident that our recommendations, based on epidemiological data and common sense and backed by the Council, will make our application to the Centers for Disease Control and Prevention competitive and successful.

I have been an independent voice on the Council, calling for review of language in City contracts that does not provide for meaningful client grievance procedures. I have expressed my concerns about the services in San Francisco for gay and bisexual men of color and young people of all genders, races and sexual orientations. While I have fought hard for underserved communities, I have not let my own issues of identity interfere with the important HIV prevention planning we are charged to do for all the people of San Francisco.

I believe strongly that the HIV prevention community and the City and County of San Francisco need a Planning Council that takes a hands-on approach to this vital work. Since my appointment, I have served on two contract monitoring teams, one for a youth provider, the other for a program serving African-Americans. If elected I will work to ensure that all Council members have this opportunity. As co-chair, I will also work for:

Shorter meetings and more work in committee

We have excellent committee and task force chairs, and they truly should lead our Council. As co-chair, I will work to empower committees by providing more time for their difficult work. When I first joined, we had one three-hour meeting and one two-hour meeting a month. Now we have two three hour meetings. This change makes it more difficult for some members to participate fully, and I will look at revisiting it.

Greater visibility for the Planning Council through targeted initiatives
We have many discussions that affect the daily lives of San Franciscans. I support a Provider Roundtable sponsored by HPPC once a quarter, where funded providers and the Council's Steering Committee can come together and increase communication. We must also work with our colleagues on the CARE Council and Treatment on Demand Planning Council, and I will endeavor to create joint projects with those groups.

I am proud to report that with Hank Wilson, Dana Van Gorder and others, I serve on the RFP Development Committee of the Community Substance Abuse Services, which is working with our AIDS Office to write an RFP that integrates HIV prevention into substance abuse prevention and treatment services targeted to men who have sex with men who also use speed.

Creation of a Citywide Youth & HIV Task Force
Almost forty percent of our prevention resources target youth and young adults. The CARE Council has declared young people one of their highest priorities. Given the amount of resources we devote to young people, it is amazing that there has been no comprehensive needs assessment of young people's prevention, care and research needs since the advent of protease inhibitors. As co-chair, I'll work really hard to link with other planning groups, such as the Youth Commission, CARE Council, Treatment on Demand Planning Council and sets of youth providers to change that.

Completion of a Mid-term Review and Revision of the Council Plan for 1998
At the beginning of the year, the Council Co-Chairs set forth outcome objectives for 1998. Instead of waiting until the end of the year to review these, I believe it is important to look at them now. This interim review will allow us as a Council to prioritize which tasks are most important, get updates from the Committees and Task Forces and ensure we are all cognizant of the important tasks which lie ahead.

When Ellen Goldstein asked me to join this group, I had no idea that the work of the Council was so challenging or rewarding. This process is truly remarkable, and I would suggest, the model for community planning across the nation. I ask for your vote so that together we can get back on track and move forward with our ambitious agenda.

Sincerely,

Bill Barnes
Chair, Priority-Setting Task Force

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To: All HPPC Members
From: Maria D. Rinaldi
Re: Candidate Statement

Dear Colleagues:

I came to this country as an immigrant in 1990 and I did what most of us do in the same situation: I worked hard cleaning houses. I didn't speak English at the time and my Master Degree wasn't very useful then -- in economically supporting my son and myself. I know about not taking anything for granted and to work extremely hard for the things that are important for me.

In 1991 I started volunteering for the SFAF Spanish Hotline. In 1992 I initiated the first Spanish AIDS – Línea Nocturna – for the HIV/AIDS Nightline (San Francisco Suicide Prevention). I'm still there. In October 1993, I was hired as an AIDS Health Educator at Instituto Familiar de la Raza, agency for which I'm currently the Interim Director for Prevention and Education Services. As you can see, there are things that never change: I'm holding two jobs and I taking care of my second son.

I started attending Council meetings at the beginning of 1996 and I was appointed to the Council in December of the same year. Continuity and memory of the evolution of the Council is very important when you hold the position of Chair. I know where the Council comes from and how is evolving in this new period of the epidemic. I'm in a position to see which things have changed for the better and I intend – as a chair – to continue improving our performance. I think I'm fully qualified in those areas after more than 2 years of uninterrupted participation.

I saw the Council evolving from a composition that was primarily of researchers into one that is more mixed with much more CBOs participation. I participated in hard battles for funding for women -- which some may see as homophobic, but I understand it as a battle for women rights to access prevention, education and early treatment. I have also advocated for cultural competent outreach services through the city. While I see myself as part of the Latino and Immigrant community and the women population, I also advocate for the overall mission of the Council in all areas and activities and with all populations.

I am not an observer, but a participant. Observers are useful because they comment on issues, but I decided from early on to be an active advocate for those issues I care about. Of course, sometimes my perseverance may be perceived negatively, but I prefer to see my work as consistent and committed to raise the level of the exchange on matters -- like diversity, racism and the need to give all communities the opportunity to fight the pandemic -- that I much care about.

I don't see my work at the Council simply as a way of feeling good about myself, because I'm doing something positive. I do it because I believe in change, and I believe that change comes through hard and principled work.

In my opinion, we have two main goals: to reduce the spread of HIV and to learn how to operate with a diverse, multi-layered and complex strategy of not leaving anyone on the sidelines of the struggle In saying that I'm not talking only about issues of race and ethnicity, but about co-factors and social issues that raise additional obstacles to our work.

I'm asking you to support my candidacy for Chair of the Council not only to be able to address these issues but to push ourselves further. I may disagree with the DPH policy in several issues, but still feel I can work with Barry as well as Steven as a team to advance the overall work of this body.

Thank you for your support.

Maria D. Rinaldi

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Co-Chair Statement A. Toni Young

I view the position as co-chair of the HPPC as an opportunity to both heal and bring us back to the mission of the Council, which to my understanding is the prevention of new HIV infections in San Francisco. As a one of the newer members to the HPPC I have been afforded the opportunity to participate in one of the most important components of the community planning process. While many have wondered how we got to the point where issues of race and class on the HPPC exploded. It is simple and due in part to the fact that the Council reflects greater society. This fact often gets lost, in our discussions. We each come to the table with varying levels of experience, expertise, and understanding of HIV prevention policy and from varying educational, cultural and economic backgrounds. These variances make the world and the Council what they are. I would like to put my more than 14 years of working on the national and local level to use by serving as Co-chair of this unique group of community representatives.

Prior to coming to San Francisco 2 years ago, I lived and worked in Washington, D.C. While in Washington, D.C. I served as Founder and Executive Director of the National Women & HIV/AIDS Project, Inc. (NWAP), a grassroots network of women living with and affected by HIV and AIDS. It is these skills and my experience working with federal agencies and organizes I will bring to this position.

Antionette "Toni" Young
291 Clarion Park
San Francisco, CA 94103
[illegible] 415 281 7777
[illegible] AToniYoung@aol.com

KEY SKILL AREAS: Program conception, development and management; policy/legislative analysis; staff management and supervision; education and prevention campaigns; cultural competency evaluation; contract administration; public speaking.

Experience:

- Co-chaired the Women and HIV/AIDS Coalition of the National Organizations Responding to AIDS (NORA)
- Developed and presented HIV/AIDS congressional testimony
- Worked with lead staff of the Health Resources Services Administration (HRSA) to develop 1996 Ryan White application to states
- Served on various Federal Panels and Committees including CDC Sterile Needle Committee, CDC meeting on Woman to Woman transmission, Ryan White Title I & II Review Committees
- Successfully planned and executed three regional forums concerning Women and HIV/AIDS as it relates to women's health for the National Women's Health Network (NWHN)
- Assisted in planning of the first AIDS vigil in Washington, D.C.
- Developed mass media campaign regarding STDs, Substance Abuse, and Pregnancy targeting adolescent girls and supporting collateral materials including *Spirits;* the bi-monthly newsletter of NWAP
- Managed the National Women's Health Network (NWHN) Information Clearinghouse including the recruitment and retention of staff interns
- Wrote proposals, developed program plans, and coordinated conferences and meetings for issues around reproductive health, technical assistance, and grassroots organizing
- Coordinated the development of Council on Legal Education Opportunity (CLEO) project designed to share minority applicant data with the nation's accredited law schools
- Developed an application and program model to support a cross cultural study of women with Phambili Women's Organization (PWO), Cape Town, South Africa to compare the success of outreach methods to women in both countries

Computers:

Proficient in WordPerfect 5.1 and 6, Microsoft Office, My Mail List, Windows95, Web Browser, MetroCares - Ryan White database software, database management software and other office-related software.

Employment History:

National Women and HIV/AIDS Project (NWAP) - Executive Director and Founder 1993 - 1996

Ms. Young served as the Executive Director of NWAP until June 1996. Responsibilities included advocacy, policy development, networking and communications, fundraising, public speaking on the issues of race, class, and reproductive health as they relate to HIV/AIDS staffing, marketing, program development, development of a mass media campaign, proposal writing, and direct work with women and HIV/AIDS organizations, individuals, and policies. Ms. Young founded NWAP to help women with, and at-risk for, HIV/AIDS be empowered through their own efforts and successes. Ms. Young also coordinated efforts for the participation of women in the International AIDS conference in Yokohama, Japan in 1995. Ms. Young has worked with the Phambili Women's Organization (PWO) in South Africa

For the past three years to develop a comprehensive study. She has made presentations on the legislative implications and impact of [illegible] trends on the outcome of the 076 AIDS clinical trial and [illegible]

National Women's Health Network (NWHN) - Program Director 1992 - 1993

As the Program Director for the NWHN, Ms. Young was responsible for spearheading Women and HIV/AIDS policy issues such as expanding the Center for Disease Control (CDC) case definition of AIDS in women and re-labeling anti-fungal creams. She worked directly with funding agencies and managed the clearinghouse and recruited and supervised the volunteer intern staff. Ms. Young also coordinated three regional forums on Women and HIV/AIDS. These forums facilitated on-going dialogue between the participating organizations and individuals including women with HIV/AIDS, doctors, lawyers, social workers, and policy advocates.

Council on Legal Education Opportunity (CLEO) Project Coordinator 1990 - 1991

Ms. Young managed the design, development, and implementation of a database management and reporting program for student applicant data. Accredited law schools to identify which student applicants qualified for participation in the full CLEO program used the reports she developed. Ms. Young also processed and evaluated student applications and answered incoming calls from students and universities.

Metro TeenAIDS - Program Coordinator 1991

Ms. Young served as the Metro TeenAIDS (formerly WACHHY) Coordinator. Her responsibilities included educating HIV-infected youth, proposal writing, program development, and other administrative and programmatic tasks.

National Association of People With AIDS (NAPWA) - Assistant Director 1988 - 1989

As Assistant Director of NAPWA Ms. Young was responsible for coordinating the organizational efforts of more than 80 people with AIDS (PWA) coalitions throughout the United States. These coalitions consisted of individuals from diverse geographic and demographic backgrounds working for change both at the community and national level. Ms. Young also developed HIV/AIDS informational materials and program development plans specific to each group's needs. She developed technical assistance materials, identified funding sources, solicited financial support, and assisted in the development of fiscal spending plans.

Self Employed - Owned and Operated Own Business 1987

Wilmer, Cutler and Pickering - Project Assistant 1984 - 1986

Right to Privacy Foundation - Membership Director 1982 – 1984

Boards and Committees

San Francisco HIV Prevention Planning Council
HIVNET Community Advisory Board

DPH

HIV PREVENTION PLANNING COUNCIL
Minutes of July 9, 1998

HPPC:	Thurs., July 23, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., August 13, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

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Members Present:

Bill Barnes
Marcos Bañales
Joan Benoit
Michael Bogan
Barry Brinkley
Manny Dacalanio
Elizabeth Davis
Michael Discepola
Brenda Escobar
José Ramon Fernandez-Peña
Ellen Goldstein
Jennifer Lorvick
Melinda Martin
Byron Mason
Mazdak Mazarei
John Newmeyer
Henry Ocampo
Shawn O'Hearn
J. Colin Partridge
Dawn Passar
Steven Sams
Danielle Stringer
Steven Tierney
John Blake West
A. Toni Young

Members Absent:

Barbara Adler
Dredge Byung'chu Kang
Stephen King
Dave Hubbard
Sacul L'Adnbre
Jimmie Naritomi
Helen Miramontes
Jeff Poltl
María Rinaldi

AIDS Office Staff:

Delia Garcia
Tracey Packer
Mike Pendo

Guests:

Al Cunningham, YITS
Phillip Bawer, Baker places
Roger Jackson, Cal PEP
Cynthia Laird, BAR
Angela Spell, CA State Senate (consultant)
Victoria Schneider, EDA
Hank Wilson, ACT UP Goldengate

Technical Support Staff:

Lyn Paleo
Michael DeMayo

Polaris R & D, Inc.

Emily Coles

Process Evaluation Team:

Pali Basi
Ruel Caneda
Kathleen Roe
Kevin Roe
Alison Wakefield

1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Barry welcomed the group and invited members to introduce themselves and make announcements.

Announcements:

Member absences

- Sacul L'Adnbre notified the co-chairs in advance of her absence from this meeting.

Ellen Goldstein

- Ellen announced that this will be her final meeting as co-chair and voting member of the HPPC.

Steven Sams

- Steven noted that copies of a Focus edition on secondary HIV prevention have been made available at the back table.

Byron Mason

- Byron announced that he and Manny, members of the Outreach Committee, have developed the name "The Collaborative Voice" for the HPPC newsletter, and are currently working on a logo and graphics for the publication. Soon the Committee will request submissions for the first issue of the newsletter.

Lyn Paleo

- Lyn announced that the next Committee Update issue has been distributed, as well as an updated calendar of HPPC Council and Committee meetings and events. She noted that some non-HPPC events of interest have been included, in italics, and that the Strategic Evaluation Committee meets the third Wednesday of each month (not the second Tuesday, as indicated on the calendar).

Barry Brinkley

- Barry welcomed and introduced new members to the Council.

Mazdak Mazarei

- Mazdak introduced himself, as a new member to the Council, and explained that he works for the Wedge Program and LYRIC, and is co-chair of the Cultural Competency Task Force.

John Blake West

- John announced that the annual National Lesbian and Gay Health Association conference will take place in San Francisco the last week of July. Volunteers are needed, and arrangements will be made whereby volunteered time can be exchanged for conference attendance. John also announced that this year the National Lesbian and Gay Community Service award will be given to Greg Merill, from Communities United Against Violence, and the Transgender Community Task Force.

Joan Benoit

- Joan introduced herself, as a new member to the Council. Joan works for the Glide Goodlett HIV Project.

Kathleen Roe

- Kathleen announced that the next HPPC Log, which summarizes HPPC discussions, events and decisions from the second quarter of 1998, will be available soon. She circulated a sign-up sheet and asked members to indicate whether they want to receive the first quarter's log again, in addition to the second.

José Ramon Fernendez-Peña

- José Ramon announced that he will be leaving the HPPC at the end of July, but will continue as a community member to the Cultural Competency Task Force.

Jennifer Lorvick

- Jennifer announced that she will need to leave this meeting 15 minutes early.

Henry Ocampo

- Henry announced that the API Wellness Center is currently working on policies for HIV+ staff, and would appreciate input from other agencies with such policies. He also noted that Dredge is attending the HIV Health conference today, and Dawn will be arriving late to this meeting.

Danielle Stringer

- Danielle introduced herself as a new member to this body, and explained that she is Young Women's Program Coordinator at LYRIC.

Melinda Martin

- Melinda, who is also a new HPPC member, explained that she is currently volunteering at Asian Health Services in Oakland and seeking a position in the Health Department.

Elizabeth Davis

- Elizabeth distributed the San Francisco Monthly STD Report. She explained that she originally joined the HPPC as STD information/resource person, and has somewhat neglected that role in favor of her representation of the Native American community. Elizabeth wishes, at this time, to focus on her responsibility to the Council as an STD specialist, and encourages anyone with questions or concerns about STD-related issues to contact her. She will be providing the Council with monthly STD reports, as well as the upcoming STD and Prevention Health Services annual report, and hopes to arrange a presentation on STDs in the coming months. Elizabeth will also make an effort to integrate relevant STD information into Council discussions of prevention.

Elizabeth noted that current data show a high incidence of chlamydia in San Francisco, and explained that this STD can remain asymptomatic for years. The ability of this disease to "hide" often results in suspicion and mistrust in relationships when a partner is diagnosed. Elizabeth explained that this misunderstanding of the disease has endangered some of her clients, who requested that she raise this point to the HPPC.

Dawn Passar

- Dawn announced that she will need to leave this meeting at 5:00 because of the World AIDS Update Conference.

Michael Discepola

- Michael announced that AIDS Health Project is seeking native Spanish speakers to help translate documents, and asked those interested in volunteering some time to contact him. He also noted that the Glide-Goodlett HIV/AIDS Program Director position is open. Those interested can contact Emily Coles, of Polaris, at (415)777-3229 for a copy of the job description. Finally, Michael noted that he is planning to take a 3-4 month leave of absence from the Council, beginning August 1.

Manny Dacalanio

- Manny announced that he will need to leave this meeting at 5:30.

Barry Brinkley

- Barry noted that copies of the Supplemental grant application are available at the back table. He thanked Valerie Kegebein, Tracey Packer and Mike Pendo for their hard work on this document. He also explained that the AIDS Office has instituted a new visitors' policy to improve security, and distributed a handout outlining that policy. This change applies only to the fifth floor of 25 Van Ness Ave.

  Barry introduced Tomás Rodriguez, who is replacing Nick Ferrell as San Francisco's CDC project manager, and Kari Sapsis, who is also a technical assistance manager for the CDC. Tomás and Kari will be assisting the HPPC and AIDS office in their process. Barry noted that Tomás is also project manager for Los Angeles and the state of California.

Guest Announcements:

Al Cunningham, YITS

- Al introduced himself and explained that he is co-author and producing of a project called Yours In the Struggle, which is a community HIV/AIDS education and prevention program for African Americans.

Victoria Schnieder, UCSF Partner Study

- Victoria circulated information on an upcoming study involving heterosexuals, and encouraged those interested to contact the UCSF Partner Study.

2. **APPROVAL OF THE MINUTES FROM JUNE 25:** Barry requested comments and corrections to the minutes of June 25. Bill noted that Delia Garcia's name is mis-spelled in the attendance roster. John N. observed that in Shawn O'Hearn's announcement on page 2 the word "passed" should be changed to "failed". John W. moved to approve the minutes with the above changes. The motion was seconded and the minutes approved as amended, 5 members abstaining.

3. **PUBLIC COMMENT**

Al Cunningham, YITS

- Al noted that he introduced himself at the last HPPC meeting, which was not reflected in the minutes. He explained that he has worked as an HIV/AIDS educator and prevention educator

for ten years. He has worked for the National AIDS Network, served as the first media coordinator for the National Minority AIDS Council and for the NTFAP, as well media coordinator for the Black Coalition on AIDS. For the past three years Al has been working with Reggie Williams, the founding executive director of NTFAP, on a project to educate the community on HIV and AIDS as it effects people of African descent. This project originated as a documentary called Yours In The Struggle; Remembering Gay AIDS Activists of African Descent, and has since broadened beyond the documentary format. Al noted that he wears a ribbon in commemoration of Brandi Moore, who was an activist throughout the '80s, and died in 1994. He asked that the Council consider scheduling a discussion of the role of media in HIV prevention, and the possibility that media could be utilized to a greater extent in that effort, particularly in targeting African-Americans.

Hank Wilson, ACT UP Golden Gate

- Hank circulated two publications by Gay Men's Health Crisis, in New York. The first of these discusses incorporation of HIV prevention into STD education, and the second, entitled "Drugs In Partyland", relates to prevention efforts with MSMs. Hank reported that he attended the Geneva conference, where several studies from San Francisco were presented. Among the information presented were DPH and CAPS findings that nitrite inhalant use is a risk factor for HIV transmission. Hank expressed concern that this risk factor is not being addressed by AIDS prevention providers in San Francisco, particularly the Stop AIDS Project and San Francisco AIDS Foundation. He noted that the SF HIV Prevention Plan includes a section on nitrite inhalants, to which little attention has been paid by either community planners or the community itself.

Discussion of Public Comment

John N. noted that the association of nitrite inhalants with HIV transmission is not new, and asked why the issue is not being addressed. Hank explained that at the beginning of the AIDS epidemic there was a strong education drive on nitrites in the gay community, which resulted in a sharp reduction in their use. When this trend was perceived the drive stopped, causing nitrite use to rise again as people from outside the city, who had not benefited from the original campaign, moved in. Hank noted that education is one of the easiest forms of prevention, yet no group is currently conducting education on this subject. Ellen noted that the study by CAPS to which Hank referred will be summarized in a Geneva conference report-back presentation sponsored by the AIDS Research Institute on July 22, 2:00-5:00 at Cole Hall. ARI will also sponsor a meeting on lipodistrophy on July 26.

Bill expressed strong support for Al Cunningham's work, and the hope that in its needs assessment of gay men of color the Strategic Evaluation Task Force will consider the effects of media on those communities. He also suggested that the Council schedule a presentation and discussion of the subject.

Toni asked Al if his community education project could be used for HIV prevention. He replied that it can. Toni asked what are the funding sources for this project. Al explained that some funds are received in small grants from various organizations, including the National Association of Black and White Men Together, but local dollars are also being sought.

Byron noted that he is familiar with Al Cunningham's project through his involvement with NTFAP, and expressed strong confidence in his work.

4. HIV PREVENTION DIRECTOR'S REPORT

Barry announced that Dave Hubbard, the State Office of AIDS representative to this body, was scheduled to give a presentation at this time. However, because the state budget has not been approved, Dave was unable to travel to SF for this meeting.

Unobligated Funds

Barry distributed and reviewed a handout entitled "'97 CDC Award and Expenditure". The document shows that the total award in 1997 was $8,505,432, 94% of which was spent during the year, leaving 6%, or $547,000, unspent. The AIDS Office itself is responsible for 22% of this amount, plus another 26% in operating expenses. 32% of unobligated funds was generated by CBOs, and 21% was unspent by DPH MOUs. Barry explained that DPH MOUs are internal contracts by which services not provided in the community are provided by segments of the DPH (the Wedge Program, for example).

Barry recalled that at the last meeting, Council members expressed concern regarding the impact of underspending on specific BRPs. He explained that AIDS Office staff is creating a spreadsheet that breaks out units of service provided, and not provided, by BRP. This information will be presented to the HPPC to help inform future funding decisions. Barry reiterated that the goal at this point is to reduce unobligated funds to zero in the coming years. To that end, four new staff members will be added to the AIDS Office contract management team (the staffing plan for which will be made available at the July 23 HPPC meeting), by August 15. Also in the effort to rectify unobligated funds, the AIDS Office has requested that the amount left from 1997 be reinstated this year, to be allocated in accordance with the plan approved by the HPPC on June 25. In addition, the AIDS Office is examining last year's budget to ascertain how underspending occurred to such an extent, and what its effects have been. In conclusion, Barry explained that some of the underspending within the AIDS Office resulted from understaffing.

Toni noted that organizations have ongoing systems to track expenditures, and queried at what point during the last year the extent to which CBOs and the DPH were underspending became clear. She expressed the hope that this type of detailed information will be presented to the HPPC as AIDS Office assessment of the 1997 budget proceeds. Toni also noted that when underspending is perceived funding should be directed toward other expenditures, and observed that current AIDS Office has been understaffing could have been avoided if underspending within the office was recognized sooner. In closing, Toni asked that the budgeting process be presented to the Council in greater detail.

Steven T. asked if the AIDS Office plans to upgrade its budgeting software. He noted that programs are available by which information on amounts spent and unspent is instantly available and can be broken out according to different specifications and variables (BRPs, for example). Barry replied that the level of budgeting detail requested by the Council is difficult to track directly. He noted that any recommendation for a specific software package that may facilitate that process would be of interest.

Bill expressed the opinion that the AIDS Office budgeting system should automatically include tracking of funds by BRP because that is the way in which funding is prioritized by the HPPC. He also noted that according to the information presented, $374,000 was unspent by the DPH through a combination of operating costs, contract costs and MOUs. This accounts for a significant percentage of the total unobligated funds, which is contrary to the implication made at the June 26 HPPC meeting that CBOs are mainly responsible for the size of that amount. Bill expressed concern that blame was misplaced on contractors, and that DPH programs have been prioritized to automatically receive up to $10,000 of rolled-over '97 unobligated funds. He also suggested that unspent funds, if recognized in time, could have been used to offset the reduction in funds for operating costs in DPH programs which has resulted from Union salary laws. Barry reiterated that the AIDS Office is working to improve its fiscal tracking system.

Michael B. asked if the four new AIDS Office staff members will be responsible solely for addressing the problem of unobligated funds. Barry replied that the new staff is being hired to augment and improve the program monitoring process. He explained that in the reorganization of the monitoring process, some staff who have been working with prevention contracts will be

transferred to CARE contracts and replaced with new staff, who will focus primarily on prevention contracts and HPPC activities.

Ellen agreed with Bill that at the last Council meeting the group was told that most of the unobligated funds were generated by CBOs, which now appears not to be the case. She said that concern around this fact prompted her to check the Supplemental application to ensure that the Council's request for a $10,000 cap on DPH program restorations was honored, which it was.

Jennifer expressed the opinion that 6% underspending over the span of a year is not a great deal, and does not reflect a significant mistake on the part of the AIDS Office and its system of tracking funds. She encouraged the Council to consider the amount of information which contractors are already required to provide in order to receive HIV prevention funding through the DPH, and suggested that linking each expenditure to a specific BRP may be an unrealistic reporting requirement.

Shawn expressed disagreement with the opinion that 6% unspent funds is not significant. He requested that Barry provide the Council with a specific, detailed, written outline of the steps which will be taken to rectify this problem, and who will be involved in each step. Barry reiterated that the staffing plan will be available at the July 23 HPPC meeting, and when new staff are on board they will work to improve the monitoring process. He expressed agreement with Shawn that unobligated funds need to be reduced as much as possible.

Steven S. reminded the group that, although $547,000 is a significant amount, the main concern in the Council's previous conversations around unobligated funds was how that amount of underspending reflects units of service provided to the community. He expressed relief that the information presented today indicates that the bulk of that amount reflects underspending on salaries and operating costs, rather than on UOS. Bill disagreed with this point, noting that underspending by DPH MOUs is likely to reflect decreased units of service. He added that lack of dollars to build infrastructure is a common complaint in the prevention field, yet the AIDS Office had a significant amount of funds last year which could have been used to help contractors create infrastructure, but were not. He suggested that contract managers need to form ongoing relationships with providers.

Toni observed that 53% of the unobligated amount directly impacts the community, and also that the breakdown presented today is not concurrent with the information she was given previously in regards to the origin of those funds.

Angela Spell explained that she represents Senator Diane Watson at this meeting. She informed the group that a senate subcommittee has been established called Disparity In Disease, Morbidity and Mortality, and asked how UOS appear to have been effected by last year's underspending. Barry replied that preliminary analysis indicates that some programs performed above their projected UOS. Further analysis will show which provided fewer than their funded UOS, and what populations were effected. Angela asked the total amount of the CDC grant for 1997. Barry replied that it was approximately $8.2 million.

Delia clarified for the group that she is a program manager, not monitor, and as such has responsibilities beyond program monitoring.

José Ramon noted that programs are penalized for providing under their projected UOS through a decrease in funding, yet those which exceed their UOS are not rewarded by an increase. Barry replied that reasons for providing extra UOS often relate to receipt of funds through different sources, which is why each program's fiscal situation must be carefully analyzed. José Ramon asked if the possibility of providing financial incentives for programs to exceed their projected UOS has been considered. Barry explained that financial incentives can not be provided to non-profit agencies. He added that over-providing is interpreted as a decrease in the cost per UOS, thus funding remains stable while the projected UOS increases. José Ramon suggested that rather

than considering a funding increase to be a reward, contracts could simply be revised up when exceeding their UOS, just as they are revised down when performing below. Barry noted that if all dollars are already committed, then funds can only be transfered to augment a contract if another agency gives up some of its funding.

Colin observed that although the total unobligated amount for 1997 was 6% of the award, according to the handout each category contributed to that amount with only 1% of its funding. He noted that from an accounting point of view it is unwise to budget within 1% of total funding, and asked what flexibility exists for a midpoint correction. Barry agreed that closer monitoring of program budgets and expenditures would allow for periodic adjustments that would reduce the amount unspent at the end of the year. This type of analysis is the responsibility of program managers, so the process will be improved when new staff begin.

Tracey recalled José Ramon's suggestion regarding incentives to exceed UOS, and explained that contract amount can be increased only through an RFP process, sole source or alternative solicitation. She thanked José Ramon for his suggestion, and noted that such comments and concerns are important for the AIDS Office staff to hear, and do effect their decisions. However, those decisions are bound by city contracting restrictions.

Barry noted that procedural rules do provide some degree of freedom through budget revisions and modifications.

5. COMMUNITY CO-CHAIR ELLECTION

Barry noted that because Maria is not present Steven S. has agreed to read her candidacy statement to the Council.

Michael B. asked if time will be made for the Council to ask questions of the co-chair candidates. Barry explained that that was not planned, particularly because one candidate is not present. Michael noted that a question period is standard election process, which should not be changed due to the absence of one candidate. Bill expressed his agreement.

The co-chairs discussed the request for a question and answer period, noted that the by-laws do not preclude such a change, and suggested that five minutes be allotted for each candidate to answer questions. Barry asked for objections to this change in the process. None were offered.

Steven S. read Maria's candidacy statement, which was attached to the minutes from June 26 (in addition to the other two candidate's statements).

Bill Barnes

Bill noted that in a year or two this Council, in partnership with the AIDS Office, will decide how to distribute $12 million in prevention funding throughout the community. The process by which this decision is made must be productive, responsive to the community, and well informed. Bill explained that he was originally motivated to run for co-chair by the recognition that prevention programs for youth were not specifically funded in the last prioritization process. He expressed his belief that no population should be omitted from that process. Bill also noted that evaluation of the June 26 Council meeting indicated that only 55% of members fully understood and felt ready to vote on the letter of concurrence with the AIDS Office plan for allocation of Supplemental funds. He found this troubling, and promises that, as co-chair, it will be a priority for him to ensure that all members understand the process and information involved in decisions made by this body.

Bill also noted that within the last six months the amount of time that the Council meets was increased by one hour each month. He recognized that this change was made in response to the amount of work which needed to be done, but expressed the opinion that this change creates an unfair commitment which effects members' time with family and their responsibilities as providers. Bill expressed the opinion that, rather than increasing time spent in full Council

meetings, more time should be spent outside of meetings, working in Committees and with technical support and AIDS Office staff.

Regarding gender parity, Bill noted that the Council rarely discusses perinatal transmission. He expressed the opinion that the 1% mother-infant transmission rate reflects a success, and stated that as co-chair he will encourage the Council to consider the successes in HIV prevention, as well as the areas which have not yet seen success, and use that information to help inform decisions.

Bill explained that he considered withdrawing from the co-chair election due to his belief in inclusion across gender, sexual orientation, race and ethnicity. He decided not to withdraw because this body has an inclusive Steering Committee process by which Council, Committee and Task Force chairs make decisions effecting this body collaboratively. As co-chair, Bill will work to strengthen that process, and to ensure not only representation of all groups in Council discussion, but that every member of this group feels included and heard in the process.

A. Toni Young

Toni explained that she was originally reluctant to run for the community co-chair position. She discussed the possibility with several people in this field, whom she respects and trusted to share honestly their assessment of the strengths and weaknesses she would bring to that seat. Through those discussions she realized that she has many skills and strengths to offer the Council as co-chair. Toni expressed pride in the role she has played as a member, in the issues she has raised and her tenacity in seeking answers to difficult questions. As co-chair, she wishes to learn how to do those things in a different way. She recognized the skill required to facilitate a group this size, to listen effectively and translate information, concerns, etc. into action. Toni expressed confidence in her ability to learn these skills and use them effectively as co-chair.

Toni noted that she has been involved in the field of HIV prevention for fourteen years, and brings to it a strong passion. She expressed a belief that many things are wrong with the system, and a commitment to continue working to correct them.

Regarding the cultural competency issues that have recently come to the forefront of Council discussion, Toni expressed her opinion that this group reflects the community it serves better than most, and that conflict and difference of opinion are natural aspects of interaction in such a diverse group.

In closing, Toni expressed the opinion that no poor choice could be made between the three co-chair candidates.

Question and Answer

Michael B. expressed his opinion that there is a difference between representing a group and advocating for it. He asked Bill and Toni if they agree with this delineation, if they have ever strayed from their role as representative into that of advocate, and how the tone of the Council can be changed from advocacy to representation.

Toni replied that she recognizes the difference between representation and advocacy, and has at times, as a representative of particular groups on this Council, strayed into the role of advocate. She expressed the belief and hope that at some point all members do the same. Toni explained that one of the responsibilities involved in co-chairing is to help Council members gain a broader understanding of the communities which this body effects. She noted that each person represents many different populations, and should respect and strive to understand every member's point of view, which is often broader than his/her demographic representation.

Michael asked how Toni would change the Council's tone regarding acceptance of cultural differences. Toni replied that the Council does not need to reach a point of agreement between all members, but of respect for the differences of opinion which naturally exist in a diverse group.

To that end, it is not the job of the Council to change opinions, but to respectfully educate one another on the origins of those differences.

Bill expressed the opinion that the AIDS epidemic, more than any other international issue, exacerbates biases of all types. At the root of these biases, however, are the fear and helplessness that such a crisis generates. Bill said that he has strayed from representation to advocacy because this is a public health crisis, and as such requires community planners' full passion and commitment. He reiterated his point that more work should be conducted outside of Council meetings, and expressed the opinion that the Brown Act requirement of full public access to all discussions at times proves detrimental to the overall process. In terms of biases and differences of opinion on the Council, Bill said that the real concern should be how those differences are evident in the service system. He expressed a hope that the cultural competency tool will help keep the Council and providers in check regarding the ways in which biases are expressed in that system.

In closing, Bill noted that Council discussions regarding prioritization, funding decisions, etc. should be open to the public, but internal and personal discussions, such as those held around cultural competency issues on the Council, should not.

Elizabeth noted that she was originally concerned by the prospect of having three male co-chairs. After discussing this concern with several people, she came to the conclusion Bill, as a young, HIV+ person, could bring an important representation to the seat.

Barry explained that the last co-chair election involved three candidates, and was held according to a simple majority. The Steering Committee has discussed the election method, and decided that this election should require an absolute majority. This means that if no candidate receives more than half the votes the first time, a run-off will be held between the first and second place candidates. Barry also explained that the term for which the co-chair elected today will serve is only nine months, which is the remaining portion of Ellen's term. In accordance with the Brown Act, secret ballots will not be allowed in this vote, and both Toni and Bill have been given the option to leave the room, which both declined. Barry also reminded the group that new members can not participate in this vote.

Shawn asked if proxies are allowed in this vote. Ellen replied that they are not.

José Ramon asked why the process was changed from a simple majority to absolute majority. Ellen explained that past elections have involved only two candidates (or one, in the case of her election), making the issue of simple vs. absolute majority a mute point. The most recent election involved three candidates, and a simple majority was used. Many complaints were subsequently voiced regarding that process, which led the Steering Committee to its decision to use an alternative process for this vote. Ellen concluded that both methods have positive and negative aspects, and it will remain unknown which works better for this group until both are tried.

Barry opened the floor for additional questions on the process to be used in this vote. None were voiced.

Barry facilitated the vote:

Maria Rinaldi: 4
Bill Barnes: 8
Toni Young: 7

In the absence of an absolute majority a second vote was held between Bill and Toni.

Barry facilitated the vote.

Bill Barnes: 9
Toni Young: 11

Toni was elected new community co-chair.

BREAK

Bill expressed concern regarding the process by which the vote was held. He noted that the by-laws do not specify the method by which co-chairs are to be elected, and recalled that a simple majority process was chosen by the Steering Committee for the last co-chair election. This decision set a president, which was not subsequently discussed by the Council. Nor has the Council discussed by-laws around this issue. Bill expressed the opinion that to change the election method without a Council vote is not due process. He informed the Council that the Steering Committee decision to use an absolute majority was made through a vote, for which the votes of members who had left the room were also counted, which constitutes a violation of the Brown Act. Bill acknowledged that the Council's process must be fluid, but expressed concern that in this case its modification was carried out inappropriately. He added that if simple majority was deemed to be an unsatisfactory method, then a full Council vote should have been held to modify that process.

Ellen suggested that Bill voice his concerns about this process to the co-chairs and Steering Committee, which will meet again before the next Council meeting. She noted that a discussion was held by the Steering Committee, which Bill attended, and consensus on the issue was reached. In addition, the process was outlined for the full Council and a question regarding the reason for this change was addressed.

Toni noted that she and Bill both voiced concerns about this process to the Steering Committee.

6. PRESENTATION: CRYSTAL METH/SPEED USE AND HIV PREVENTION

Ellen explained, for new Council members, that the charge of the Community Input Committee is to bring the perspective of providers, community members, community service agencies, people from other Councils and the broader HIV prevention community to the HPPC. A presentation and discussion of crystal meth was prioritized due to recognition of the impact of speed on the HIV epidemic. Ellen introduced the three speakers who were invited to this meeting to discuss speed use: Mike Seiver, researcher and activist, who will discuss crystal meth from an epidemiological perspective; Steven Gibson, of the STOP AIDS Project, will approach the issue from the perspective of a provider; and Chris Bohm, community activist and new staff member at Bay Area Young Positives, will speak from a community standpoint. Ellen stressed that the Council is privileged to receive this information, which should be used to inform its prioritization process, and asked that confidentiality be respected around personal disclosures and names be omitted from any public reporting of personal information.

Mike Seiver

Mike explained that he is the community co-chair for the Treatment On Demand Substance Abuse Planning Council, director of the Stonewall Project—a harm reduction project targeting gay and bisexual men. He provided a brief history of crystal meth in the gay community, beginning with the recognition that speed use reached epidemic proportions years ago, and was not addressed by SF providers. In response to that realization, Dan Bangorder (name?), coordinator of lesbian and gay health services in the DPH, convened a gay men's speed working group. This group spent several years lobbying for recognition of crystal meth as a prevention issue. This work is crucial to the prevention effort because meth-amphetamines are inextricably

linked to high risk sexual behaviors, and are the most prevalent drug (after tabacco and alcohol) in the gay male community. This is evident in the fact that gay and bisexual men who inject meth-amphetamines exhibit the highest seroprevalence rate of all groups, which is of particular concern on the west coast, where the rate of injection is the highest in the country. The risk involved in speed injection is twofold in that not only does needle sharing occur, but the drug itself prompts extreme promiscuity and disregard for sexual safety. Mike noted that San Francisco leads the country in speed-related emergency room admissions and overdose fatalities. This problem effects many populations, but has had the greatest effect on gay and bisexual men due to its prevalence in those communities and accompanying rate of HIV.

Mike explained that one difficulty in providing HIV prevention around speed use in the gay and bisexual male community is that many sub-populations exist within it, each of which must be targeted differently. He noted that one of the Treatment On Demand Council priorities is to facilitate an integrated approach to this problem, involving the AIDS Office, Community Substance Abuse Services, the Community Health Network, etc. To that end the AIDS Office and CSAS are currently preparing a joint RFP for development of prevention outreach and treatment services for gay and bisexual men who use meth-amphetamines. The Treatment On Demand Council has conducted several focus groups of gay and bisexual men who currently use or have used crystal meth, and found that almost all consider speed to be a significant problem for their communities, but few are apt to access services. Participants expressed a need for services to be provided in a non-judgmental, non "clientizing" way. This input was used to inform the current AIDS Office-CSAS RFP, which outlines a range of service types, prevention outreach methods, and avenues for members of the gay and bisexual community to meet and discuss speed use.

Mike distributed a flyer on the Stonewall Project, which operates on a harm reduction model.

Steven Gibson

Steven explained that although it is known that drugs and alcohol are risk factors for HIV transmission, there has not, until recently, been a strong focus on one specific drug. The STOP AIDS Project, in an effort to create a focused prevention campaign about speed use, recently developed a method to solicit community input about crystal meth, which it calls the "talking wall". Steven explained that the talking wall is a large white board bearing the question "why do we like crystal?", which was mounted in several strategic locations around the city. Pens were provided for people to write their comments, which were compiled into a document that Steven distributed. Steven read a selection of comments from this list. Input collected through the talking wall was used to create the media campaign character named Crissy, which is designed to target "club kids" with educational messages about speed use and HIV. This population was chosen as one in which speed use, sex and HIV are very likely to intersect. Steven explained the process by which the population was gradually exposed to Crissy, and to more and more direct prevention messages. He noted that late in the campaign, additional funding was received which allowed extension of the effort to bus shelters. At the conclusion of this campaign a survey was conducted in several clubs where speed use is known to be prevalent among gay men to assess its effectiveness. Steven outlined some of the demographics and speed use statistics of those surveyed. He noted that about half of participants reported that use of crystal meth effected their ability to engage in safe sex. This survey lacked some detail due to the need to be brief.

The STOP AIDS Project has also held community forums to discuss meth amphetamine use by gay and bisexual men. The most recent focus group, which was conducted at Anthem, included discussion by two experts on the subject and two community members who have direct personal experience with the drug. About fifty people participated in this group, and most expressed strong interest in practical information about speed use. Participants were much less eager to receive information about HIV.

Finally, Steven noted that the STOP AIDS Project also has a web site (www.stopaids.org) which gives information, research, a question and answer section and a "cyber wall" for community input.

Chris Bohm

Chris shared his experiences as a former speed user, how the drug effected his life and those of his peers. He explained that he was infected with HIV because of his speed use.

Question and Answer

Ellen asked Chris what helped him stop using meth amphetamines. He replied that fear of the legal system inspired his change, after receiving two strikes. In addition, he attended an AIDS Update Conference and learned information which increased his concern for his health, and desire to protect it.

John N. outlined a scenario in which a group of people are injecting speed together and realize they do not have enough syringes. He asked if, in this situation, it is likely that the group would wait to obtain more clean needles, or share used ones. Chris replied that when using, he would have waited for clean needles. However, it is not uncommon for a group member to tell others that a needle is clean when in fact it has been used. Mike agreed that that type of behavior often leads people who try to engage in safety to become infected.

Elizabeth asked how the price of speed compares to that of other common drugs. Chris replied that it is cheaper and lasts longer than most others, and is continuously upgraded. Elizabeth asked about speed use in the African American community. Mike said that crack cocaine is more popular in those communities, but crystal meth will eventually replace crack due to its cost and duration.

John W. asked if other drugs and alcohol are commonly used in concurrence with speed. Chris replied that speed is frequently accompanied by ketamine, which allows users to stay awake for a long time and not remember their actions during that time. Mike noted that the effect of alcohol is diminished by crystal, which often prompts excessive drinking while on speed. Many other drugs are also used simultaneously. However, he noted that many people use only speed. Steven noted that speed is often used to enhance sex, which leads many to combine crystal meth with Viagra in order to sustain an erection for longer periods. He noted that several deaths have been caused by the interactions of these two drugs.

Steven S. noted that older members of the HIV+ population have begun to return to clubs, bars, etc., after abstaining from those types of activities for a long time, in order to boost their self esteem. Many are using speed for this same reason. He asked if any interventions specifically target the older population for education about crystal meth. Steven explained that the Crissy campaign was aimed at young men, but the problem has also been recognized in older gay male populations, and efforts are being made to broaden the target group. Steven asked if prevention efforts have been targeted at the Eagle Sunday afternoon "beer bust". Steven replied that that is among the areas scheduled to be targeted.

Chris noted that he has observed extensive use of speed among young bisexual women, as well.

Steven T. asked if groups other than gay and bisexual men are being targeted for media campaigns on this issue. Chris replied that he has seen very little media attention on other groups, and noted that many groups have resources and safety mechanisms not available to those being targeted. Mike said that a priority for the Treatment On Demand Substance Abuse Planning Council and CARE Council is to develop services for speed users in general.

Mazdak asked if information is available on use of speed by people questioning their sexuality to help reduce the stress involved in sex. Steven replied that such information was not collected from the Crissy media campaign, but the issue has been raised in workshops and focus groups.

Mike added that crystal meth is widely used to avoid discomfort around issues other than sex, such as internalized homophobia, shyness, etc.

Byron asked if use of other drugs has decreased with the increase of speed use. Mike replied that it has among gay and bisexual men, but not for all others.

Delia asked Steven if the surveys which followed the Crissy campaign included information on speed injection. Steven replied that they did not.

Marcos asked if information is available on the effectiveness of harm reduction vs. abstinence methodologies in treatment of meth amphetamine use. Mike replied that because harm reduction is a fairly new concept in this field there is little empirical data on its relative effectiveness. He expressed the opinion that harm reduction is useful in that it allows people to discuss their drug use without the fear of being judged or removed from treatment.

Toni asked what information is available on women and speed use. Mike replied that he has directed work with lesbian and bisexual women, as well as men, and found speed use to be very high. In his experience, women tend to couple crystal meth with other drugs more frequently than men do. He noted that although speed is prevalent among all groups, its cultural link to sex in the gay and bisexual male community makes the issue somewhat different for them. Toni asked if speed use among women is linked to a desire for enhancement of sex. Mike said that it can be, as it can in all populations. He also noted that people from all communities use speed for reasons not related to sex.

Ellen informed the Council that the funding received by the STOP AIDS Project late in its Crissy campaign was Supplemental funding from 1997, prioritized by the Council to support crystal meth programs for gay and bisexual men. She also noted that the Council recently prioritized evaluation of interventions targeting speed users, to be supported with state evaluation funds.

Mike Pendo added that the RFP developed by the AIDS Office and CSAS includes $100,000 for venue based individual outreach services, and $35,000-40,000 for media interventions. These amounts are a direct result of Council decisions regarding Supplemental funding in 1996.

Elizabeth noted that City Clinic has conducted observations on the number of clients reporting speed use, which has risen steadily since 1988.

Manny noted that many straight women use speed to lose weight.

7. CLOSURE AND EVALUATIONS

Roger Jackson announced that three part time outreach worker positions are currently open at CAL PEP. Those interested can call (510)874-7850 or fax (510)839-6775.

Ellen reminded Council members to complete evaluation forms, and particularly to comment on the election procedure followed at this meeting to aid the co-chairs in follow-up of that issue.

Attachments to minutes for absent members:

- Focus newsletter
- Committee Update
- HPPC calendar
- SF monthly STD report
- Supplemental Grant Application
- Letter of Concurrence
- "1997 CDC Award and Expenditure" handout
- AIDS Behavioral Prevention Research and Service
- "The Stonewall Project" flyer
- memorandum on the new AIDS Office visitors' policy

Attached to minutes for all members:
Letter of resignation from Barbara Adler

HIV PREVENTION PLANNING COUNCIL MEETING

JULY 23, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Barry Brinkley
Steven Sams
Toni Young

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Please read and bring:

- **Agenda**
- **Minutes of 7/9**
- **This Package**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements	Steven Sams	3:00 - 3:15 PM
2. Review & Approval of Minutes from 7/9	Steven Sams	3:15 - 3:20 PM
3. Public Comment	Steven Sams	3:20 - 3:30 PM
4. HIV Prevention Director's Report: -Cultural Competency Training -Introduction of Parliamentarian, Tony Leone	Barry Brinkley	3:30 - 3:45 PM
5. Consideration of the March Community Co-Chair Election a.) Vote on Selecting Procedure: Reconfirmation or Selection of Community Co-Chair (from March Election) b.) Possible Reconfirmation Vote	Barry Brinkley/Tony Leone	3:45 - 4:15 PM
6. Creation of a Task Force on Brown Act, Bylaws, and Council Governance - Vote	Toni Young	4:15 - 4:30 PM
7. Break		4:30 - 4:40 PM
8. Presentation on High Risk Youth and HIV Prevention		4:40 - 5: 50 PM
9. Closure and Evaluation		5:50 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities. For April HPPC Committee meetings, see separate announcement.

HPPC Meeting - Thursday, **August 13, 1998, 3-6 PM**, First Unitarian Church, 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, **August 27, 1998, 3-6 PM**. First Unitarian Church 1187 Franklin Street (@ Geary)

SF DPH

HIV PREVENTION PLANNING COUNCIL
Minutes of July 23, 1998

HPPC:	Thurs., August 13, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., August 27, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:

Bill Barnes
Marcos Bañales
Michael Bogan
Barry Brinkley
Manny Dacalanio
Elizabeth Davis
Michael Discepola
José Ramon Fernandez-Peña
Ellen Goldstein
Dredge Byung'chu Kang
Stephen King
Sacul L'Adnbre
Melinda Martin
Byron Mason
Mazdak Mazarei
Helen Miramontes
Jimmie Naritomi
Henry Ocampo
Dawn Passar
María Rinaldi
Steven Sams
Danielle Stringer
Steven Tierney
John Blake West
A. Toni Young

Members Absent:

Joan Benoit
Brenda Escobar
Jennifer Lorvick
John Newmeyer
Shawn O'Hearn
J. Colin Partridge
Jeff Poltl

AIDS Office Staff:

Delia Garcia
Lyn Fischer-Ponce
Tracey Packer
Mike Pendo

Polaris R & D, Inc.

Emily Coles

Guests:

Ruben Carrillo, P.C.P.V
Nhu Duong, API Wellness Center
Lisette Flores,
Gil Gerald, AIDS Office
Cynthia Laird, BAR
Bridgette Lery
Victoria Schneider, EDA
Hank Wilson, ACT UP Goldengate
Ben Wong,

Technical Support Staff:

Lyn Paleo
Michael DeMayo

Process Evaluation Team:

Pali Basi
Ruel Caneda
Kathleen Roe
Kevin Roe
Alison Wakefield

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1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Steven S. welcomed the group and led a moment of silence. He invited Council members to introduce themselves and make announcements.

Announcements:

Toni Young

- Toni noted that letters written by herself and by Steven in response to a recent Frontlines article entitled "The Subtle Racism of PCLand" are available at the back table. She also announced that she registered for the NAPWA/CAPS conference which will be held August 13, but will be unable to attend, and asked that anyone interested in taking her place contact her.

Barry Brinkley

- Barry introduced Peter Twyman, a new program manager with the AIDS Office, and Gil Gerald, who will write the grant for San Francisco's Cooperative Agreement with the CDC. He also introduced Tony Leone, of the CARE Council, who will act as parliamentarian for the HPPC.

John Blake West

- John announced that George Sonsil, of HRSA, is now coordinating HIV activities in San Francisco. George previously worked at the gay and Lesbian Community Center in Los Angeles, and will be attending future HPPC meetings. John also noted that the National Gay and Lesbian Health Conference, which begins July 25, still needs volunteers. On Sunday night, the 26th, a comedy performance will be held. This event is open to all, and costs $7 for

non-registrants. Finally, John announced that he will be presenting his Parisian male couple study in Paris during the next HPPC meeting.

Manny DaCalanio

- Manny announced that a half time position is now open at the API Wellness Center.

Michael Discepola

- Michael invited interested Council members to aid the Community Input Committee in organizing future presentations to the Council. Those already scheduled are: services for women on August 27, STD prevention and control on September 24, CARE Council presentation on October 8, HIV prevention and education for immigrant populations on October 22, and culturally competent HIV prevention for African Americans on November 12. The Committee would especially like help with the October and November presentations.

Kathleen Roe

- Kathleen noted that the HPPC logs for the second quarter of this year are now available.

José Ramon Fernandez-Peña

- José Ramon noted that this will be his last meeting as a member of the HPPC. He also announced that the Mission Neighborhood Health Center and CARE Council will hold a community forum on July 27, 10:00-1:00, to discuss the defunding of an SFAF program for Latinos.

Dredge Byung'chu Kang

- Dredge announced that he recently took a position at the API Wellness Center.

Bill Barnes

- Bill indicated that his comments as part of this body do not in any way represent the position of the Mayor's office. He announced that the CARE Council is currently engaged in their prioritization process, which will include several meetings to discuss specific target populations and service types. A schedule of meetings can be obtained from the AIDS Office.

Ellen Goldstein

- Ellen noted that she is no longer a member of the HPPC, but is attending this meeting to help facilitate the community Co-Chair transition.

Steven Sams

- Steven announced that a packet of information on sub-populations, published by the CDC, has been made available at the back table, as well as copies of the July 4 edition of The Autonomist and a letter of resignation from Barbara Adler.

Technical Support Staff and Guest Introductions (No announcements made)

2. **APPROVAL OF THE MINUTES FROM JULY 9:** Bill moved to postpone approval of the minutes until the next meeting, due to the fact that they were not received in advance. The motion was seconded and passed unanimously.

3. **PUBLIC COMMENT**

Gustavo Cravioto, PLWH and member of the Human Rights Commission

- Gustavo distributed flyers about an upcoming public forum to discuss the San Francisco AIDS Foundation's cessation of a program for Latinos, as well as a letter addressed to the AIDS Office on behalf of the Latino community, which expresses concern regarding reduced funding to target that population. He explained that, upon direction from the CARE Council, the AIDS Office has de-funded the SFAF case management program for Latinos, which is of great

concern to the community. In closing, Gustavo admonished HPPC members and guests to attend the public forum on this issue, and to call him with any questions.

Juan Alvarez, PLWH affiliated with Aguilas

- Juan explained that he is a former client of the SFAF program for Latinos. He said that diminution of services for Latinos is a serious concern, particularly because many members of that population are at high risk of contracting and spreading HIV. He admonished Council members to attend the forum which Gustavo spoke of, and noted that the last time he invited members to a forum, organized by Aguilas, only three attended. Juan stressed the importance of this issue for all prevention services, not only those targeting Latinos.

4. HIV PREVENTION DIRECTOR'S REPORT

Cultural Competency Training

Barry distributed sign-up sheets for Council members and support staff to indicate the date that would be most convenient for a cultural competency training.

Parliamentary Procedure

Barry introduced Tony Leone, member and parliamentarian of the CARE Council, who has agreed to serve as parliamentarian for the HPPC as well. Tony L. has already reviewed some of the procedural issues recently raised at Council meetings, and will lend his expertise during related sections of today's agenda.

Bill indicated that according to the bylaws Tracey Packer, as outgoing AIDS Office Co-Chair, is able to participate in Council votes. He noted that, since stepping down as interim Co-Chair, Tracey has not been doing so, and asked why not. Tracey explained that members of the body had expressed discomfort with the prospect of the ex-officio holding a vote, even though the bylaws allow it. Some discussion was held, but no final decision made, so Tracey opted not to participate in the voting process, as had Valerie before her. Maria recalled that there has been a tradition, begun prior to Valerie's term as Co-Chair, of ex-officios abstaining from all votes.

Jimmie noted that several votes have been held over the past months that effect the rules by which this body operates. Council minutes reflect these changes, but the bylaws have not been updated to do so. He also wished to clarify for the benefit of new members, in particular, that "majority", as it applies to voting, does not mean the majority of the entire Council, but of those present for the vote, who must constitute a quorum.

5. CONSIDERATION OF THE MARCH COMMUNITY CO-CHAIR ELECTION

Barry explained that on July 16 Bill expressed his concern regarding the process by which the July 9 community Co-Chair election was held. Through consultation with Tony Leone, it was discovered that the July 9 election followed due process, but that the community Co-Chair election held in March of 1998 did not. Due to this finding, that election has been rendered null and void, and the Council must follow a process to fill the seat that has been occupied by Steven Sams since March. There are two options for this process: the group can entertain a motion to reconfirm Steven as community Co-Chair, or new elections can be held. If the second option is chosen, then a complete election process will occur, and all members currently eligible and willing can run.

Bill noted that although the March election did not follow due process, Council decisions made during Steven's term as Co-Chair are still binding, unless otherwise found to be out of compliance with Council regulations.

José Ramon moved to reconfirm Steven as community Co-Chair. The motion was seconded.

Bill expressed the concern that to reconfirm a vote that was not cast according to due process would perpetuate the inconsistency of process followed by this body. He added that it would be inappropriate to reconfirm based on satisfaction with the outcome of the original vote, rather than the soundness of that process option.

Maria agreed that the inconsistency of election processes is problematic, but noted that the March election was held in good faith, and since the Council is satisfied with the outcome it should allow Steven to complete his term. In the meantime, greater attention must be paid to process, the Council must obtain clarification on points where due process is unclear, and the bylaws must be updated to reflect this year's decisions. Maria noted that many areas of confusion and poor process have been identified over time, and to address only this issue would be unfair.

José Ramon asked Tony L. if it is procedurally sound to acknowledge, as a group, that the March election did not follow due process, but that because it was held in good faith and has had a positive outcome the Council wishes not to reverse the decision. Tony L. replied that if Steven is reconfirmed by a majority vote then technically he will have the official support required by the bylaws.

Michael D. expressed support for the motion to reconfirm Steven.

Jimmie asked when Steven's term as Co-Chair will officially begin, if reconfirmed. Barry explained that he would be reconfirmed as of the date of this meeting, but his term would end according to the previous schedule.

The question was called on the motion to reconfirm Steven as community Co-Chair.

Bill observed that a vote must be held on the process to be used before the vote to reconfirm can occur. Toni Y. moved to select the reconfirmation process, rather than hold a new election. The motion was seconded and the question called.

Tracey reminded the group that new members can not vote at this time.

The motion restated: to address the invalidity of the March community Co-Chair election by voting to reconfirm Steven Sams.

Barry facilitated the vote:

In favor: 17
Opposed: 1
Abstain: 1

The motion passed.

Bill moved to reconfirm Steven Sams as community Co-Chair, and explained that he questioned the choice of reconfirmation for process reasons, but supports Steven as Co-Chair. The motion was seconded.

The motion restated: to reconfirm Steven Sams as community Co-Chair, to complete the term which began in March of 1998.

Barry facilitated the vote:

In favor: 19
Opposed: 0
Abstain: 0

The motion passed unanimously.

Maria expressed concern that the process for the election held July 9, and the fact that it was different from that used March 12, was not thoroughly explained to the Council in advance of the

vote. José Ramon recalled that prior to the vote on July 9 he asked why the process was changed, and Ellen answered to his satisfaction.

6. CREATION OF A TASK FORCE ON BROWN ACT, BYLAWS AND COUNCIL GOVERNANCE

Toni Y. explained that the creation of a Governance Task Force is being proposed in response to lack of clarity around the regulations and processes that the HPPC must follow. With the assistance of the new parliamentarian, this Task Force will examine the Brown Act, Sunshine Ordinance, HPPC bylaws, Roles and Responsibilities document, CDC Guidance and Roberts Rules of Order to ascertain in what areas these documents contradict one another, which documents supercede the others, how the bylaws must be changed in order to adhere to the Brown Act, etc.

Bill recalled that at the last Co-Chairs' meeting the group discussed whether the Brown Act precludes proxy voting, and that on July 9 Shawn O'Hearn was told that he could not cast a proxy vote due to a Brown Act regulation. Bill noted that the section on proxy voting has not been removed from the bylaws. Toni Y. suggested that specific sections of the bylaws and Brown Act not be discussed at this time, and reiterated that such discussion will be the charge of the proposed Task Force. In addition to discussing conflicts such as that raised by Bill, this group will revise the bylaws to reflect the Brown Act and other process-related decisions made by the Council since the last bylaws revision. Tony L. added that at this time the proxy section of the bylaws is in conflict with the Brown Act, which supercedes the bylaws, and therefore can not be followed.

Jimmie said that in opting to adopt the Brown Act the Council agreed to follow the regulations therein regardless of the bylaws. He recalled that the Council had a policy Task Force in the past, and suggested that the Steering Committee review the document which that group developed before creating another Task Force. Toni Y. explained that a review of governance-related documents was begun, and it was realized that the issue required greater time and energy than the Steering Committee could devote to it. Ellen added that the goal of the Governance Task Force will be to revise existing documents so that all agree, not to create new ones. She suggested that this group could be very small.

Bill recalled that the Council voted to revisit its decision to comply with the Brown Act in July of this year to assess whether the group wishes to continue its compliance. He asked when that discussion and vote will occur. Bill also expressed concern that the Brown Act preclusion of proxy voting is not inclusive of people with illnesses on the Council, and particularly those with HIV. He motioned to accept the proposal for creation of a Governance Task Force, but to follow the regulations outlined in the bylaws, even when in conflict with the Brown Act, until that group examines the necessary documents and reports back to the Council. Tony L. explained that, until the Council votes not to comply with the Brown Act, the Act must supercede the bylaws in all cases. He added that it is possible to devise a proxy voting plan that is consistent with the Brown Act, but that plan must be developed and adopted according to a process before proxies can be allowed.

Toni Y. noted that the above discussion shows why a Task Force is needed to address the lack of clarity on Council policies. She added that the motion forwarded by Bill can not be discussed at this time because it is not on the agenda, and offered to recommend its inclusion on the next agenda at the coming Steering Committee meeting.

Steven S. said that it is currently unknown in what areas the Brown Act conflicts with the bylaws, which should be clarified before the group decides whether to continue its compliance with the Act. He expressed the opinion that there are legal questions which must be answered in order to attain

clarity, which is why it should not be sought through a Council discussion alone.

José Ramon called the question on the motion to create a Governance Task Force. Lyn Paleo offered the following verbiage for this motion: "to create a Task Force to examine the HPPC's documents of governance; specifically the Brown Act, CDC Guidance, bylaws, Roberts Rules of Order, Roles and Responsibilties and operating procedures, and make recommendations to the Council. Particular focus will be on the conflicts between these documents. In addition, the Task Force will examine the effects of the Brown Act on our work, and make recommendations".

Barry observed that a previous motion is still on the table. Tony L. said that the motion forwarded by Bill was out of order. However, creation of a plan for proxy voting under the Brown Act could be offered as an amendment to the current motion. Bill proposed that the motion be amended in that way.

Maria asked José Ramon's permission to continue discussion of the motion, even though he already called the question. José Ramon agreed. Maria suggested that the group decide whether to continue its compliance with the Brown Act before creating a Task Force to assess the effect of the Act on governance.

Toni Y. asked José Ramon if he has retracted the question. Tracey explained that, once called, a question can only be retracted if the group votes to do so.

As a point of clarification on the motion, Bill asked how Task Force members would be chosen. Toni Y. replied that Council members would volunteer, as with all Task Forces and Committees.

Tony L. said that the Council must vote on the question before allowing any further discussion.

Toni Y. facilitated the vote to call the question:

In favor: 15
Opposed: 3
Abstain: 1

The question was called.

Lyn read the motion: **to create a Task Force to examine our documents of governance, specifically the Brown Act, CDC Guidance, Bylaws, Roberts Rules of Order, Roles and Responsibilities document and operating procedures, and make recommendations to the Council. Particular focus will be given to conflicts among these documents. The Task Force will examine the effects of the Brown Act on our work and make a recommendation to the full body.**

Toni Y. facilitated the vote:

In favor: 15
Opposed: 4
Abstain: 0

The motion passed.

Ellen noted that this discussion has been very complicated, which is why a parliamentarian is necessary at Council meetings, and reminded new members to ask questions.

Bill moved that the Governance Task Force be obligated to report back to the HPPC within no more than two Council meetings. He explained that by creating a Task Force the Council has agreed to suspend discussion of the policies by which it operates until a report is made by that group, which is why it is important to set a time limit for that report. The motion was seconded.

Helen expressed the opinion that 30 days is not enough time, and offered the friendly amendment that the time limit be 60 days. Bill did not accept the amendment. Tony L. explained that the

Council must now vote on the amendment, and if defeated then return to the motion, as originally stated.

Dawn reminded the Council that the goal of this group is to stop the spread of HIV, and a significant amount of time is being spent in discussion of internal process. Maria expressed the opinion that the process by which this body reaches decisions directly relates to its goal of HIV prevention, thus discussion of Council policies and regulations is part of the process and should not be viewed as inattention to the Council's goal. She added that Brown Act agenda regulations have slowed progress on many issues. In closing, Maria reiterated her opinion that before creating a Task Force the Council should discuss whether it wishes to continue complying with the Brown Act.

Barry suggested that it would be helpful to identify the times during meetings when there is confusion around the process. When this occurs, a Stop Action can be called and the parliamentarian asked for clarification on how to proceed.

Tony L. explained that parliamentary procedure was created to help simplify and facilitate the decision making process, but can be used to do the opposite. He acknowledged that voting on the amendment before the motion may appear to be a backword process, but indicatted that the logic is to address the greatest detail first so that when the motion is voted it is complete and requires no further discussion.

Michael D. asked if Tony L. will work with the Governance Task Force, and what he feels would be a reasonable time limit for that group's report to the Council. Tony L. replied that he will work with the Task Force, and would consider 60 days to be the more reasonable limit because questions are likely to arise that require further research and input from the City Attorney.

Sacul recalled that the Council voted not to follow Roberts Rules of Order several years ago, yet now they have been incorporated into the bylaws. She requested that copies of the abridged Roberts Rules be distributed to Council members. Steven S. distributed that document.

Bill agreed with Dawn's concern regarding the amount of time this body spends discussing its process. He also explained that he chose the 30 day time limit so that the Council will not have to vote on the Cooperative Agreement without knowing its own voting procedure. He reiterated that when the Brown Act was originally adopted the Council agreed to revisit that decision in July, which it did not do.

Kathleen Roe noted that the log that has been made available reflects every decision made by the Council. She read, from that document, that due to concern expressed by Council members around the Brown Act, the Steering Committee decided on April 2 that it would revisit the issue in July and report to the Council. This decision was approved by the Council on April 9. Thus it was not the job of the full Council to discuss the Brown Act decision, but of the Steering Committee.

Michael B. expressed the opinion that the Governance Task Force should be afforded adequate time to do its job thoroughly.

Bill noted that the bylaws published in the addendum are no longer current, and asked how the updated rules have been documented. Toni Y. replied that the Governance Task Force will be charged with documenting those changes.

The question was called.

The amendment restated: that the time limit for the Governance Task Force report, if set, be 4 meetings.

Toni Y. facilitated the vote:

In favor: 14
Opposed: 3
Abstain: 1

The amendment passed.

Bill called a question on the motion, as amended.

The motion restated: that the Governance Task Force be compelled to report back to the Council within 4 meetings from today.

Tracey noted that the HPPC will review the Cooperative Agreement on August 27 and vote on the letter of concurrence on September 10. She reminded that group that voting procedures are in place, and that the Governance Task Force report will be made after the vote on the letter of concurrence.

Michael B. asked if the Task Force will be compelled to complete its work in 60 days, or to give a progress report at that time. Bill replied that he intended it to be a progress report.

Kathleen stressed that the charge of the Governance Task Force is not to discuss how well the Brown Act serves this body, which is still the responsibility of the Steering Committee. She asked how the work of the Task Force will relate to that discussion.

Lyn reiterated the motion by which the Task Force was created.

Lauren expressed agreement with Maria's opinion that the decision whether to continue with the Brown Act should be made before the Governance Task Force is created.

Bill called the question.

The motion restated: the Governance Task Force will be compelled to report to the Council, with a possible vote, in no more than 4 meetings from today.

Toni Y. facilitated the vote:

In favor: 14
Opposed: 2
Abstain: 2

The motion passed.

BREAK

7. PRESENTATION ON HIGH RISK YOUTH AND HIV PREVENTION

Steven T. reviewed the purpose of the Community Input Committee. He noted that the CDC has reported that one of every two new HIV cases occurs in someone under the age of 26. Steven distributed a packet entitled "High Risk Youth and HIV Prevention", and noted that the statistics sited on page 2 indicate that the total number of HIV+ youth in San Francisco is unknown. This is partly due to the ways in which organizations collect and report age data, which differs from one to the next. In addition, many programs do not count the number of youth served. Steven also noted that a great deal of prevention funding for youth goes toward programs targeting the age range 18-24, with interventions that vary little from those targeting adults.

Henry introduced the panel speakers for this presentation: Ruben Carrillo, of Proyecto Contra SIDA Por Vida; Lissette Flores, of Health Initiatives for Youth; Nhu Duong, of AQU25A at the API Wellness Center; and Benson Wong, of the API Wellness Center Incarcerated Youth Outreach program.

Ruben Carrillo

Ruben distributed several cards and brochures published by Proyecto Contra SIDA Por Vida, and targeted at youth. He explained that he is an outreach worker and peer youth health educator. Ruben is currently one of eight people organizing a conference for young gay Latinos and Latinas. This conference will be a way for providers to ascertain some of this group's issues and interests, and among the topics addressed will be HIV and prevention. Ruben is also coordinator of a weekly drop-in center called The Zoo, and is the only outreach worker who goes to many of the gay Latino bars and clubs in the Bay Area. He noted that very little funding is allocated for services in languages other than English, that greater support is needed for innovative outreach and education programs in order to reach young people, and more funding is needed to hire outreach workers and provide culturally appropriate services for transgendered people.

Helen asked how many peer youth health educators are involved in Ruben's program. Ruben replied that he is the only one.

Sacul asked why Ruben does outreach at Bench and Bar and not El Rio. Ruben replied that Bench and Bar more consistently has a large number of gay Latino/s youth than El Rio.

Lissette Flores

Lissette explained that several years ago HIFY began a program for young women in response to the rising number of new HIV cases in that population. The program was 9-12 weeks long and focused on HIV, but involved all issues facing young women. Lissette stressed the importance of recognizing the other issues faced by this population, and the fact that HIV may not be their primary concern or interest at this time. Critiques of this program include its length, which was found to be inadequate; the fact that participants'partners were not involved, placing all responsibility for communication around sexual issues on the women; and inadequate focus on teaching women to communicate effectively with sexual partners around issues of safety. When these faults were identified in the program, HIFY conducted an assessment of the health services available to young women in San Francisco. This assessment found a dearth of such services, and specifically needs for more free services, free birth control, health education services for young women and gang prevention programs. It was also found that women already accessing one type of service are more likely to access another, which is why it is important for providers to create strong networks.

Regarding the question of why young women under utilize HIV care and prevention programs, Lissette explained that women are taught to hate their bodies, and so shy away from any service which forces them to acknowledge their bodies. Young women may also under access services out of fear that a positive HIV test will rob them of control over their own lives.

Nhu Duong

Nhu explained that she works for the API Wellness Center AQU25A program, which is a program for lesbian, gay, transgender and questioning youth under the age of 25. Many clients of this program are young men who are just "coming out" and addressing issues of sexuality and identity. For this reason, the sense of community and bonding fostered by the program are invaluable to its clients. Nhu expressed the opinion that culturally specific programs are important for youth, who are in the process of developing their sense of identity.

AQU25A runs several programs for youth, including a peer education program that builds leadership skills. Nhu noted that the internet is becoming very popular among young people, and

could be used as a tool for education and outreach to that population. Regarding the accessibility of HIV testing to youth, Nhu noted that young people are particularly sensitive to being judged, and so sites must make them feel welcome and accepted in order to be accessible. She added that young people do not view themselves as "clients", so drawing them into programs through job and leadership opportunities may be more effective than trying to create traditional client/provider relationships.

Ben Wong

Ben explained that he runs a program out of the API Wellness Center that serves youth in detention. He sited the statistics that 50% of youth in San Francisco, and 38% of students, are Asian or Pacific Islander. The population that Ben targets, however, are the youth in gangs, youth who have dropped out of school, youth who have run away from home, etc. He explained that the Youth Guidance Center sees up to 130 youth every day, ranging in age from 12-18, about 12% of whom are Asian or Pacifica Islander. These are the people Ben targets in his work, which includes counseling, health education and case management both inside and outside of Juvenile Hall. He has identified two groups of A/PI youth in Juvenile Hall: Asian, Cambodian and Vietnamese youth from the Tenderloin area, who are often incarcerated for drug related crimes; and Chinese, Vietnamese, Korean and Japanese youth, who are often incarcerated for burglary and auto related crimes. The differences in the prevailing crimes most likely reflect differences in the communities the youth come from, and the things they have access to in those communities.

Ben noted that most of the youth he comes into contact with, particularly in Juvenile Hall, are not ready to discuss HIV. He added that it is important for providers to acknowledge this and include discussion of all risk behaviors, not just sexual ones, in their communication with youth. Ben said that he has found most youth to be more concerned about pregnancy when it comes to sex than about HIV, and that focusing on risk in general (rather than solely HIV related risk) is much more effective with his target population. He also suggested that this population needs a more holistic approach to physical and mental health than is often employed with them.

In closing, Ben told the Council that more ethnic and youth specific programs are needed.

Question and Answer

Lauren said that he has found, through personal experience, that providers targeting youth usually discuss sex, but not sexuality. He explained that youth need to be taught to discuss sex and empowered to make decisions about their sexual experiences. In addition, adults need to be taught greater responsibility for the sexual experiences of young people. Lauren noted that pedophiles are common, and by being among a youth's first partners often shape the way that person views sex and sexuality. He admonished providers to use a harm reduction model with youth, and allow them to discuss their experiences, rather than simply telling them what to do to be safe.

Regarding services for gay African American youth, Lauren explained that although many live in San Francisco, they commonly socialize in Oakland rather than the Castro there is a much larger African American community there. He added that providers need to be more sensitive to youth and transgender cultures, and to the experiences members of those populations have had that effect the way in which they want to receive services. Transgendered youth also need job training programs.

Bill observed that the cover of the condom packet distributed by Ben has a picture of a youth in Tommy Hilfiger jeans. He noted that this is a good marketing strategy for youth, expecially, because in that population providers do not compete with each other, but with pop culture and fashion. Bill noted that often youth are "liked" only until they begin to express opinions or question adults, which causes many to stay away from programs in which they have to interact with adults. He admonished providers to recognize the various youth cultures and shape their

services specifically for those cultures. Regarding ethnic specific programming, Bill noted that it is also important to bring youth of different ethnic backgrounds together because youth rarely socialize solely with members of their own ethnicity.

Bill recalled that he recently attended the monitoring of a program that received funding for a youth program, and then decided not to do the program. He said that funding for youth should be better controlled. In closing, Bill asked the panel speakers what the HPPC can do to improve services for youth.

Ben replied that more peer-led programs of all types are needed, meaning that funding must be made available to train and pay youth.

Dawn asked Ben to elaborate on the funding of the program he runs. Ben explained that funding originally came from the United Way, but was discontinued. Since that occurred the program has been consistently under-funded, and the youth accessing the program have had to fund raise in order to support their own services.

Maria asked Nhu and Lissette what they tell young women regarding abstinence, and the trend to educate young women, but not young men, that it is their responsibility to abstain from sex in order to be safe. Lissette noted that there is an assumption in the service system that all young people are sexually active, which is not true. Providers need to recognize that many messages about sex are not appropriate for all youth. Regarding abstinence, Lissette said that she presents all the safety options to her clients, and does not place a judgement on any of them.

Danielle noted that providers often see behavior as a risk factor, which can lead to blaming clients for their own risk. She added that young people need to be educated on the social norms and concepts which effect their behavior, and taught that they can question those concepts and decide for themselves how to address sex and safety.

José Ramon noted that several speakers addressed empowerment and the importance of empowering youth. He observed that the concept of empowerment is cultural, and that in the Latino culture people seek answers, not empowerment. He suggested that in order to recognize that not all cultures view empowerment the same way, providers ask their young clients if they want to be empowered with information, or given answers.

Steven T. thanked the speakers.

7. CLOSURE AND EVALUATIONS

Steven S. reminded Council members to complete the process evaluation forms.

Attached to minutes for absent members:

- Response letters from Toni Young and Steven Sams in response to a Frontlines article
- API Wellness Center job announcement
- "Disparity Reported in Substance Use Among Racial/Ethnic Subgroups"
- Community forum flyer
- Roberts Rules of Order chart
- High Risk Youth and HIV Prevention packet
- Roles and Responsibilities document excerpt
- Letter of resignation from Barbara Adler

HIV PREVENTION PLANNING COUNCIL MEETING

AUGUST 13, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

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Meeting called by: **Co-Chairs:**
Barry Brinkley
Steven Sams
Toni Young

Please read and bring:

- **Agenda**
- **Minutes of 7/9 and 7/23**
- **Priority Setting Task Force Packet**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements	Steven Sams	3:00 - 3:15 PM
2. Review & Approval of Minutes from 7/9 & 7/23	Steven Sams	3:15 - 3:20 PM
3. Public Comment	Steven Sams	3:20 - 3:30 PM
4. Report from Priority Setting Task Force - Concept Vote	Bill Barnes	3:30 - 4:15 PM
5. Break		4:15 - 4:25 PM
6. Cultural Competency Task Force - Status	Dawn P./Mazdak M.	4:25 - 5:10 PM
7. Strategic Evaluation Task Force - Status	J. Colin Partridge	5:10 - 5: 55 PM
8. Closure and Evaluation		5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, **August 27, 1998, 3-6 PM**. First Unitarian Church, 1187 Franklin Street

HPPC Meeting - Thursday, **September 10, 1998, 3-6 PM**, First Unitarian Church, 1187 Franklin Street

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- forms for the Cultural Competency Task Force training class which is expected like attendance to the Council meetings

Announcements:

Member Absences

- Steven S. announced that the following member notified the CO-Chairs in advance of his absence from this meeting: Manny DaCalanio.

Byron Mason

- As CO-Chair for the Outreach Committee, Byron called for submissions for the HPPC newsletter, "The Collaborative Voice". All persons interested in writing for the newsletter should have their contributions turned in to Byron no later than the next Council meeting, August 27.

Henry Ocampo

- Cafe Asia is sponsoring Saigon Night this Saturday, August 15nfor the queer Vietnamese community. Dancing, safe sex shows, safe sex games, and entertainment will be provided. They also have a Pacific Islander Family Health Education position open for half time.

Lyn Paleo

- Lyn announced that today's meeting will be her last with the HPPC. She will be going on to attend school. She went on to congratulate the HPPC on the worthwhile work they are doing.

Bill Barnes

- Bill announced his role in combating the AIDS/HIV epidemic was acknowledged in the September issue of POZ for which he has already received positive feedback.

Maria Rinaldi

- Maria announced she will be leaving early from today's meeting. She thanked all those who attended the Latino Community Forum held last week, especially Michael Bogan and Manny DaCalanio.

Brenda Escobar

- Brenda will be switching positions at the IRIS Center to bilingual case manager. She asked that anyone who knows someone bilingual interested in outreach, should contact her for a part-time position there.

John Newmeyer

- John reported that he drafted a letter to the Department of Public Health concerning new restrictions to access the 5th floor lobby of the AIDS Office. He explained that the changes in protocol constitute an organizational climate that is not very welcoming to visitors.

Lauren Michaels

- Due to an attendance error, Lauren was mistakenly marked absent from the HPPC meeting held July 23rd.

Kathleen Roe

- Kevin Roe and Ruel Caneda are both on vacation. In order to get a handle on governance and system-related issues to focus the Governance Task Force towards maximum productivity, she asked that all members, AO staff, and consultants complete a survey she drafted to determine where confusion with these issues exist.

Jennifer Lorvick

- The Urban Health Study is looking for a statistician. Anyone who is interested or may know someone interested should contact Jennifer at UCSF.

Shawn O'Hearn

- Shawn announced he will be leaving early from today's meeting. UCSF is offering a 12 unit certificate program for people in HIV/STD prevention and education. It covers everything for those who may interested in testing and counseling to outreach. He placed flyers on the handout table.

Kweli Simone Ferguson

- While Emily Coles is on vacation, Simone Ferguson of Polaris Research and Development, Inc. will take the minutes.

Tracey Packer

- The Treatment on Demand Planning Council is asking for assistance from the HPPC for their August 29th retreat in planning principles; group decision making, and developing bylaws; etc. She asked that anyone interested contact her. There will be a planning meeting scheduled for next week. Toni Y. and Steven have committed to assist and Ellen may also.
- An RFP (Request for proposal) will be released August 26. This is the first time the AIDS Office and the SAS have collaborated to address speed-using MSM's (Men who have sex with men). It will concern MSM's in BRP's (Behavior Risk Populations) 1-4 who are methamphetamine users. She thanked Mike for the amount of time and input he has contributed. The RFP has been reviewed by a Planning Council member and someone related to the Planning Council who does not have a conflict of interest, which has helped a great deal.
- On behalf of the Council and the AIDS office, a formal thank-you and plaque was given to Lyn Paleo for her service since 1995. She has provided invaluable technical support to countless numbers of task forces, committees, and individuals.

Technical Support Staff and Guest Introductions

Hank Wilson

- Hank Wilson of ACT UP Golden Gate announced there will be a Hepatitis C conference held in Oakland on August 23rd and 25th. For those interested in and HIV/STD prevention integration, this conference will prove useful. International experts will be in attendance.
- UCSF AIDS Research Institute will be conducting 4 community forums to "ripple" back research to the community.

2. **APPROVAL OF THE MINUTES FROM JULY 9:** The minutes from July 9th were moved, seconded, and approved with 11 in favor and 6 abstentions. These minutes were tabled from the last meeting to be approved at this meeting due to the delay in members receiving them.

APPROVAL OF THE MINUTES FROM JULY 23: Due to an error made in attendance, Lauren Michaels was mistakenly marked absent from this meeting. Byron motioned to approve the minutes. The motion was seconded and the minutes approved with 13 in favor and 4 abstentions.

3. PUBLIC COMMENT

Sister MaryMae Himm, Sisters of Perpetual Indulgence

- Twenty years ago, a group of nuns, the Sisters of Perpetual Indulgence,
- 0.+ were started by gay men to promulgate joy and discourage guilt. The Sisters released the very first safe sex information pamphlet in 1982. At this, their twenty year anniversary, they plan to re-release this pamphlet and cover STD's especially HIV. However, the focus is changing for the Sisters to promote self-care tactics as opposed to disseminating information and condoms. The purpose of this presentation was to ask for assistance in realizing this goal with suggestions and input on appropriate tactics to teach people how and why to take care of themselves. The sisters also need funding for printing costs. Anyone interested should attend the meeting of September 25th at the California Federal Bank for 3 PM. The finished pamphlet will be written in many languages: English, Cantonese, Spanish, and Tagalog.
- Dawn commented that since the Sisters were involved with fundraising, they may be interested in supporting a fundraiser for battered prostitutes sponsored by Exotic Dancers United held at the Embassy Hotel on August 16, where Carol Queen will dress up as Martha Stewart for Living and make sex toys out of household utensils.

Hank Wilson, ACT UP Goldengate

- Hank commented, on the presentation given by Sister MaryMae Himm. If people are creative in helping the community, there should be some kind of mechanism to assist them in their endeavors. He then directed the attention of the HPPC to a seroconversion risk factor research study conducted with 3200 gay men in Geneva. The lead author is from the city's Department of Public Health. He challenged the Department of Public Health and the HPPC by asking that this information be represented in the media. He added that this prevention study is an important one because of the large number of people involved and the fact that it covered 6 cities. If people are willing to spend enormous time, effort, and money for research, the Health Department should match UCSF and "ripple" the information back into the community. Bill requested the CO-Chairs put this subject on the agenda to draft a letter to the Health Department requesting this study be made available to the community.

4. PRIORITY SETTING TASK FORCE REPORT - CONCEPT VOTE (Bill Barnes)

Steven explained that an application will be submitted at the end of September to the CDC (Centers for Disease Control). Today's 3 Task Force presentations are important to the application. Several other presentations will be given between now and the end of September when the final vote on the application will be taken. The Priority Setting Task Force will use today's presentation for a concurrent vote in order to continue it's work which will eventually become a part of the application. The Cultural Competency Task Force and the Strategic

Evaluation Task Force will be updating the Council on their work for a concurrent vote at a later meeting.

Bill began the Priority Setting Task Force presentation by explaining prioritization. He focused the attention of the HPPC to the "Briefing" document members received in their agenda packet. In 1997, the Assessment Committee created four concepts, the context within which the Priority Setting Task Force operates. The first is that BRP's should be prioritized (i.e. FSM's [Females who have sex with men] who use drugs) by incidence. Incidence is the number of estimated new infections for each BRP divided by the total estimated number. The Consensus Report estimates 500 new infections within a twelve month period. For example if there are 100 new infections projected in one BRP, dividing by 500 will equal the rate of incidence, 20 %.

Example: # of new infections in one BRP = INCIDENCE

Total estimated # of new infections

$$\frac{100}{500} = 20\% \text{ INCIDENCE}$$

This method, which was voted upon and approved by the Council, will be used to prioritize BRP's. The priority setting matrix will, however, include factors other than incidence; such as population size; both HIV positive and negative persons; and prevalence rates. Prevalence is the number of people infected within a group.

The HPPC has recommended developing criteria for future resource allocation. In developing the criteria, some consideration needs to be given to the size of the BRP, incidence, and population size. The HPPC also recommended that prior to any RFP process, identification of sub-populations should be based on developed criteria to ensure funding for these groups. Identification of sub-populations within the context of BRP's recognizes groups that may be at the most risk.

Today's concept vote relates to the process the Priority Setting Task Force intends to use to identify sub-populations within the context of BRP's. Sub-populations probably won't be identified by the time the application goes into the CDC, but the application will include this process as the method which will be used to identify sub-populations by the end of the year.

The baseline to be used is structured by criteria that should meet certain standards. The Priority Setting Task Force identified certain elements for determining whether or not a criteria is appropriate for identifying sub-populations. Criteria, for example, may be prevention indicators or STD's (Sexually transmitted disease). A separate concept vote will be held at a later date on the criteria which will be applied to the BRP's to identify sub-populations. A sub-population may also be known as a target group.

The concept vote concerns the following the process:

1. The Task Force will focus on developing good criteria that can be used to identify priority sub-populations. The Task Force will obtain feedback on the draft criteria at a Council meeting with notice given to prevention providers to come for public comment. The Criteria will be presented to the Council for adoption.

2. The Task Force will use the criteria to identify a preliminary list of priority sub-populations. The Task Force will obtain and discuss information collected from providers, Council members, the Prevention Plan, the Behavioral Risk Assessment, and other sources of information. A preliminary list of priority sub-populations will be presented to the Council for feedback and for approval to present the list to the community for input.

3. The Task Force will obtain extensive community input about the preliminary list. The focus of the input will be to ensure that the Task Force did not overlook critical information about a sub-population with regard to the criteria. The Task Force will consider the input and revise the list of sub-populations if there are good reasons based on the criteria.

4. The revised list of priority sub-populations will be presented to the Council for adoption. Then, it will be distributed in the prevention community in order for providers to plan programs to meet the priorities before the next large RFP is issued.

Jennifer asked how the community will give input. Bill explained that John Blake West (Priority Setting Task Force) had specific ideas. The Task Force would not only use available data within this process, but utilize focus groups and community forums. In the event that data is not available, additional discussion is needed to combat that problem, possibly with the assistance of the Community Input Committee.

Maria inquired about the relationship between the criteria, cofactor and covariance. Bill explained, a covariance changes and may not have a strong correlation with HIV transmission (i.e. age, race, or geography). A cofactor is something that has been identified as having an impact on HIV transmission (i.e. STD's, drug use, or homelessness). According to Lyn cofactors encompass social, psychological, and behavioral biological factors that do not necessarily result in HIV transmission but make it more likely for HIV transmission to occur. The Task Force acknowledges that they are hopeful the elements of criteria will meet the covariances and cofactors outlined in the plan, but have not reached this step yet. Cofactors and covariances will be high on the list of things to examine, although not every covariant or cofactor will apply to every group.

The motion to adopt the process created by the Priority Setting Task Force was approved with 21 in favor and 1 abstention.

Bill then outlined what the six elements of criteria would look like.

Criteria for priority setting should:

- be measurable;
- be clearly defined;
- be non-judgmental;
- have an impact on the epidemic;
- challenge social factors;
- use data that are available (focus groups, BRA, community forums, etc.)

The next Priority Setting Task Force meeting will be held August 20 from 9-11 AM at the

AIDS Office.

Break: 4:15 - 4:30 PM

5. CULTURAL COMPETENCY TASK FORCE PRESENTATION (Dawn P., Mazdak M., Marcos B.)

The purpose of the Cultural Competency Task Force presentation was to update the HPPC of the work in progress from the last few months. The Task Force has been charged with developing criteria to score the cultural competency tool. In order to complete this task, members reviewed each question to ensure clarity and specificity. They focused on making changes that made each question simple and easy to answer, while still providing reviewers with enough information to evaluate responses effectively.

The Task Force first attempted to create criteria for scoring responses when it became evident that the responses some questions would illicit would be too difficult to assess fairly.

The next steps of the Task Force include:
1. developing criteria to assist reviewers in scoring the tool;
2. a pilot test of the tool with different agencies;
3. a pilot test in scoring the tool with reviewers;
4. making recommendations to the AIDS Office regarding the implementation of the tool in future RFP's somewhere in November.

JL - Why does the tool need to be scored?
MM - It will be a part of the RFP.
MB - In the upcoming year, more discussion will revolve around how exactly the agencies will be scored (i.e. a point system).

The final tool will include demographic questions regarding the breakdown of an agency's program and administrative staff to determine it's cultural competency. This same tool will also be used in monitoring agencies.

HPPC members expressed concern that this tool has the capability to mislead reviewers into recognizing an agency as culturally competent when it may not be. The concern revolved around the fact that some agencies have skilled grant writers who can make their agency appear culturally competent. Questions were raised about how an agency can demonstrate it's cultural competency. Jimmie Naritomi asked for a validation other than on paper. The Task Force replied that this process provides the opportunity to examine which agencies are actually culturally competent and those that say they are. Delia explained that the pilot test is necessary to see how it works.

LM - How is my agency going to benefit from this tool when clients may not come in based upon CARE funding cuts?
MB - This tool is to determine more whether an agency is culturally competent than if there is sufficient funding.
DG - The cultural competency chapter is in the addendum to the Plan and has specific definitions in it which may help to answer that question.

DS - How will this tool address the different variations within a particular culture?
MB - The task is like a test and it will be impossible to include everyone.

Hank Wilson (ACT UP Golden Gate) - Does the tool reflect community feedback when there is an agency that was once culturally competent but has lost the confidence of the community?
LM - This tool seems to allow the agencies to judge themselves. There should definitely be community involvement.
MB - There was a request from the community last year. It was a lot of work. And we are asking the community for their continued input.

The next meeting for the Cultural Competency Task Force will be held August 25 from 3-5 PM at the AIDS Office.

6. STRATEGIC EVALUATION TASK REPORT (J. Colin Partridge)

The purpose of the Strategic Evaluation presentation was to provide the HPPC with an update of the Gay and Bisexual Men of Color Needs Assessment and to prioritize the gaps in evaluation research the Task Force identified last year.
The Strategic Evaluation has been working closely with both Tia Martinez and Mike Pendo of the AIDS Office regarding the needs assessment of Gay and Bisexual Men of Color. Their presentations have involved information on the HIV epidemic among Latinos and African Americans in San Francisco. The presentation has explored why HIV incidence among African Americans is so high, despite the fact that, according to research, African Americans are not more likely than other groups to engage in high risk behaviors. Tia will be presenting a report on Asian Pacific Islander gay men.

The Strategic Evaluation Task Force began the needs assessment with a review of the available behavioral and epidemiological information to understand the epidemic using some of the same indicators that are being used by the Priority Setting Task Force. There are similarities between the two Task Forces in how the needs assessment is being approached: looking at both the population size and case data, HIV prevalence, and HIV incidence.

The Strategic Evaluation Task Force has outlined a process to conduct the needs assessment through review of the literature, resource inventory, and provider and researcher interviews.
It follows:
1. Document what services are currently being provided to these populations.
2. Find out what services appear to be effective in the literature.
3. Find out what providers and researchers think are effective interventions and what services are needed.

The Task Force will be looking to the Priority Setting Task Force for assistance with their model given the two priority setting matrix models are similar. The goal is to establish general criteria by which to prioritize. The process will be presented to the HPPC the next time there is a Strategic Evaluation progress report.

Next month, the Task Force will take the behavioral risk assessment results to a provider meeting to discuss the process of development and implementation. They will examine how it will work at the service and provider level, what problems have arisen and what solutions can be provided to resolve those problems.

Steven suggested that the Task Force lend technical assistance to the Cultural Competency Task

Force with the assessment of the tool in terms of their findings from the Gay Men of Color needs assessment.

Bill inquired whether there is any other funding source during the Supplemental to which J. Colin replied no. He also commented that the level of prevalence which is much higher among Native American MSM's, that also needs to be addressed in addition to African American MSM's.

Dredge commented that a linkage with the Priority Setting Task Force should be made because the four populations addressed in the needs assessment are not enough. J. Colin explained the smaller the gaps, the more pervasive the information. The Task Force has tried to simplify and follow the guidelines of the HPPC to examine the BRP's and identify specific areas within specific BRP's or across BRP's.

Jimmie requested that the Strategic Evaluation Task Force share their findings regarding men of color with the Council after the provider meeting. In the future all behavior risk assessments should be shared with the HPPC.

The next Strategic Evaluation Task Force meeting will be held August 19 from 12-2 PM at the AIDS Office.

7. CLOSURE AND EVALUATIONS

Adjourn: 5:25 PM

Attached to minutes for absent members:

- HPPC Member Input/ Attendance procedures
- the 1998 HPP€ calendar
- the Committee Update newsletter
- the July 9th HPPC minutes
- the Priority Setting Task Force process outline
- the SF HPPC - Internal Mediation Process
- a letter from John Newmeyer, Ph.D. regarding, "appropriate protocol when entering the 5th floor lobby at 25 Van Ness"
- a letter on behalf of the Outreach Committee for newsletter submissions
- and the Leave of Absence Policy

Revised 8/27/98

HIV PREVENTION PLANNING COUNCIL MEETING

AUGUST 27, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Barry Brinkley
Steven Sams
Toni Young

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Please read and bring:

- Agenda
- Minutes of 8/13
- Draft of the 1999 CDC Cooperative Agreement Application and Budget
- Proposal to Require Reporting on Research Back to Communities

All Items Include Public Comment

1.	Food/Welcome/Introductions/Announcements	Toni Young	3:00 - 3:15 PM
2.	Review & Approval of Minutes from 8/13	Toni Young	3:15 - 3:20 PM
3.	Public Comment	Toni Young	3:20 - 3:30 PM
4.	Proposal to Require Reporting on Research Back to Communities - Vote	Bill Barnes	3:30 - 4:00 PM
5.	Presentation of the 1999 CDC Cooperative Agreement and Budget	Barry Brinkley Gil Gerald	4:00 - 4:30 PM
6.	Break		4:30 - 4:40 PM
7.	Questions and Answers re 1999 CDC Cooperative Agreement Application and Budget	Barry Brinkley Gil Gerald Tracey Packer	4:40 - 5:30 PM
8.	Next Steps for the 1999 CDC Cooperative Agreement Application	Gil Gerald	5:30 - 5: 40 PM
9.	Concept Vote on the Direction of the 1999 CDC Cooperative Agreement Application	Gil Gerald Tracey Packer	5:40 - 5: 55 PM
10.	Closure and Evaluation		5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, **September 10, 1998, 3-6 PM**, First Unitarian Church, 1187 Franklin Street

HPPC Meeting - Thursday, **September 24, 1998, 3-6 PM**. First Unitarian Church, 1187 Franklin Street

SEP 01 '98 08:55AM SF DPH AIDS OFFICE

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CDC Application, HPPC Review #1
Objectives:

- To Describe the Overall Concept
- To Describe the Development Process
- To Review Proposed Responses--Quick Review Of the Draft
- To Answer Questions & Receive Comments & Suggestions
- To Review the Process to Complete the Application.
- Vote on the Concept of the Application Including Suggestions.

Overall Concept

- Level, or Slightly Increased Funding

- Application to be Based on Goals and Objectives, Priority Populations, Priority Interventions, and Resource Allocation as Provided by Guidance in the HIV Prevention Plan.

- Application to be Based on Continuing the Mix of Activities Supported Through the 1997 and 1998 CDC Cooperative Agreements--Planning, HE/RR, CTRPN, Public Information, Evaluation & Research, Capacity Building, and Training and Quality Assurance.

- Application to be Based on Recertifiying Existing Contracts and MOUs With the Mix of Agencies and Services that were Funded Through the 1997 and 1998 CDC Cooperative Agreements.

- Application to Include Objectives in the 1998 Supplemental Application. Supplemental Award Becomes Part of the Base Funding to San Francisco.

Process of Developing the Application:

- Develop an Initial Draft Based on a Review of:

  San Francisco's HIV Prevention Plan and Addendum
  CDC Application Guidance & Tele-conference
  Minutes of HPPC Proceedings
  Program and Planning Evaluation Reports
  CDC Cooperative Agreement Application for 1998
  CDC Supplemental Application for 1997 and 1998
  Executed Contracts and MOUs
  Data on Units of Services Provided with 1998 Funds.
  Progress Reports on Program Activities

- Internal Review

- **Review Initial Draft with HPPC and Receive Input (8/27/98).**

- Incorporate HPPC and Staff Input into Draft #2

- **Review Draft #2 with Staff and HPPC Members (9/1/98).**

- Incorporate HPPC members and Staff input into Final Draft.

- Mail Final Draft to HPPC Members (9/4/98)

- **Review Final Draft With HPPC for Concurrence (9/10/98).**

- Prepare Package for Submittal to CDC by 9/18/98

Conceptual Responses

CROSS PROGRAM ACTIVITIES (Pages 1 -3)

HIV, STD and TB

Issues: Brief Data/info on HIV, STD and TB in SF
Access to Diverse Populations at Risk
Achieving Efficiencies Among Programs
Appropriate Assignment of Functions/Integration
Coordination Leading Better Outcomes

Progress: Department Reorganization
Computer Matches Among Case Registries
KABB Surveys of STD Clinic Clients
Cross-Program Technical Assistance
Joint Implementation of Studies
Collaboration in Training Activities
CTRPN at STD Clinics, including new Testing Tech.
Coordination of Functions

1999: Joint Implementation of Studies (More)
CTRPN at STD Clinics
Coordination of Functions (More)
Planning and Development for Future Studies (More)
Expansion of Surveillance to Prisons/Jails (New)

Conceptual Responses

CROSS PROGRAM ACTIVITIES (Pages 4 -5)

Substance Use Prevention and Treatment, Corrections, and Education

Issues: Trends/Facts Regarding S.A., Corrections and Education re: HIV.

Progress: Focus Groups, Joint HIV/CSAS Effort.
Speed RFP, Joint HIV/CSAS Effort.
HPPC and TODPC Joint Efforts.

1999: Speed Related Services to MSM (New)
Expansion of Sero-Surveillance in Prisons/Jails (New)
Forensic Services
Prevention Services to Incarcerated Youth and Adults
School-based Prevention Services
HPPC and TODPC Joint Efforts (More).

Helpful HPPC Feedback

- Additional Insights into Cross Program Issues
- Additional Progress Information re: July 97 to June 98 Period.
- Suggested Activities that HPPC or the Department May Engage in re: January 1999 to December 1999, to Improve Coordination and Collaboration Across Programs.
- Any Other Comments.

Conceptual Responses

HIV PREVENTION COMMUNITY PLANNING (Pages 5 to 6)

HPPC Progress/Plans on Core National Objectives:

Open & Participatory Process:

Progress in Supporting Members:

- Orientation and Training for New Members
- Mentor Program for New Members
- Provisional New Member Period
- Diversity/Racism Training
- Retreat
- Process Evaluation
- Developed Roles and Responsibility Document

Progress in the Area of Outside Input:

- Public Comment Periods
- Expert Presentations
- Open Membership for Committees/Task Forces
- Brochure
- Survey of Providers re: Cultural Competency Tool

Changes in Planning Structure:

- Revised Committee Structure

Progress in Coordination with Other Planning Activities

- HPPC Work with TODPC

Conceptual Responses

HIV PREVENTION COMMUNITY PLANNING (Pages 6 to 8)

HPPC Progress/Plans on Core National Objectives:

Open & Participatory Process:

1999 Plans:

- Develop Planning Goals and Objectives for 2000
- Review Bylaws and Make Necessary Changes
- Participate in Facilitation Training
- HPPC Newsletter Production and Distribution
- HPPC Presentations in the Community
- HPPC Work with Other Planning Bodies
- HPPC Web Page
- HPPC Press Releases
- Expert Presentations to the HPPC
- HPPC Sponsored Hearings and Forums
- Public Comment at HPPC Meetings
- Process Evaluation
- New Member Training and Orientation
- Cultural Competency Training

Conceptual Responses

HIV PREVENTION COMMUNITY PLANNING (Pages 8 to 11)

HPPC Progress/Plans on Core National Objectives:

Reflecting the Diversity of the Epidemic and Inclusion of Experts:

Progress: Composition of The HPPC
(Are There any Gaps?)
Role of Committees
Other Mechanisms for Input

1999 Plans:

Data Base Regularly Updated Re Composition
Committee Reports on Composition and Inclusion
Nomination and Selection, Twice a Year

Conceptual Responses*

HIV PREVENTION COMMUNITY PLANNING (Pages 11 to 12)

HPPC Progress/Plans on Core National Objectives:

Ensuring that priority HIV prevention needs are determined based on an epidemiologic profile and a needs assessment:

Progress: Reference the Plan and Addendum
Priority-Setting Model
Revised Priority Setting Model Adopted
Updated the Resource Inventory
Need Assessment and Prioritization Re: Supplemental
Recommendation for Gay Men of Color Study
Recommendation for Assessment of Women's Services.

1999 Plans:

Update the Epi Profile to Include Consesus Data
Review BRA Data From Year 1.
Update Resource Inventory
Complete Remaining Tasks for Prioritization Model
Apply the Revised Model
Update the Resource Allocation Section
Review and Use Data from Completed HPPC Prioritized Studies (GMOC, Women's Services)

Conceptual Responses *

HIV PREVENTION COMMUNITY PLANNING (Pages 12 to 13)

HPPC Progress/Plans on Core National Objectives:

Ensuring that Identified Interventions Consider Priority Needs, Outcomes, Cost Effectiveness, Science, and Community Norms and Values:

Progress: Supplemental Application Process.

Work on the Cultural Competency Tool

HPPC Approval Re: Prevention Case Management Evaluation

HPPC Approval Re: Study of Interventions Re: Speed User (Provides Additional Body of Knowledge)

1999 Plans:

Pilot Test Cultural Competency Tool

Make Recommendations To DPH on Integrating the CCT in Monitoring Activities

Conceptual Responses*

HIV PREVENTION COMMUNITY PLANNING (Pages 13 to 14)

HPPC Progress/Plans on Core National Objectives:

Fostering Logical Linkages Between Planning, Application, and Resources:

Progress: 1999 Application is Consistent with Plan.

Resource Allocation is Linked to Priorities, Based on the Epi. Profile in the Plan.

Reference Chapters in the Plan.

1999 Application Proposes to Continue the Allocation Plan Included in the '97, '98 CDC Applications.

Identified Gaps since the Plan's Implementation are Being Addressed Through the Supplemental Application Processes.

Administrative Tap Resulted in Gaps.

1999 Plans:

Revised Priority Setting Model will be Incorporated Into the Plan.

The 1999 Revised Priority Setting Model will Potentially Bring About Changes in Resource Allocation in the Future, but Not in 1999.

Helpful HPPC Feedback

Additional Progress Information About Council Actions on 5 National Core Objectives re: July 97 to June 98 Period.

Suggested Activities that HPPC May Engage in re: January 1999 to December 1999 to address 5 National Core Objectives.

Any Other Comments.

Conceptual Responses

COMPREHENSIVE HIV PREVENTION PLAN (Pages 14 to 22)

- Plan and Addendum Attached
- BRPs Listed
- Describe the Innovative San Francisco Approach to (BRP's and Guidance on Interventions).

Conceptual Responses

HIV PREVENTION PROGRAM APPLICATION (Pages 22 to 26)

Progress Report:

CTRPN: Summary Report on Activities
HE/RR: Summary Report on Activities
Public Information: Summary Report on Activities
Capacity Building: Summary Report on Activities
Other Activities: Summary Report.

Conceptual Responses

HIV PREVENTION PROGRAM APPLICATION (Pages 26 to 28)

1999 Proposed Goals, Objectives and Activities:

5-Year Programmatic Goals and Outcomes

CTRPN

- Re-Certify Contracts and MOUs (Same Providers)
- Funds Restoration for CTRPN (Supplemental)
- New Monitoring System for CTRPN
- Reference Evaluation Objectives
- Reference HIV-Positive Demo (Supplemental)

Referral Services

- Reference HIV-Positive Demo (Supplemental)
- Strengthening Mechanisms Related to Referrals

Health Education and Risk Reduction

- Re-certify Contracts and MOUs (Same Providers)
- Funds Restoration for HE/RR (Supplemental)
- New Contracts for Minority CBOs (Supplemental)
  - Individual and Group Interventions for African Americans in BRP 1-4
  - Individual and Group Interventions for Latinos in BRP 1-4
- Reference HIV-Positive Demo (Supplemental)

Public Information

- Community Forums on Research Findings

Capacity Building Activities:

- Funds Restoration for Services (Supplemental)
- OD/TA Continuation

Helpful HPPC Feedback

- Additional Progress Information About Progress on Objectives.
- Suggested Program Objectives for DPH: January 1999 to December 1999.
- Any Other Comments.

Conceptual Responses

HIV PREVENTION PROGRAM APPLICATION (28 to 49)

Priority Populations and Interventions

BRPs

Intervention Objectives by BRP, Based on Current Contracts Being Recertified.

Targeted Sub-populations based on current contracts, and Consistent with the Plan.

Units of Service Based on Current Contracts and Level of Performance

Supplemental Objectives for African Americans and Latinos in BRP 1-4 , also Included

Conceptual Responses

HIV PREVENTION PROGRAM APPLICATION (Page 50 to 52)

Linkages

Primary and Secondary Prevention

HIV-Positive Demonstration Project Proposal

Other HIV Prevention Activities

Linkage with AIDS Surveillance and Sero-Epidemiology

Linkage with Research Institutions

Linkage with CSAS/TODPC

Conceptual Responses

HIV PREVENTION PROGRAM APPLICATION (Page 52)

Coordination

Role of Program Managers
- 1999 Objectives

Use of MOUs Among Providers
- 1999 Objectives

DPH Sponsored Consortia
- 1999 Objectives
- Latino/African American (Supplemental)

Conceptual Responses

HIV PREVENTION PROGRAM APPLICATION (Page 52)

Evaluation

Progress Report

Council Process Evaluation
Year Two Activities of the Five-Year Plan

1999 Proposed Activities:

Council Process Evaluation
Prevention Case Management Services Evaluation (Supplemental)
Prevention for Speed Users Evaluation

Conceptual Responses

HIV PREVENTION PROGRAM APPLICATION (Page 53)

Comprehensive Evaluation Plan

Progress: San Francisco Already has a 5-Year Strategic Plan.

An Brief Outline of the 5-Year Plan will be Included.

1999 Plans: Revise/Update Current 5-Year Plan to Incorporate CDC Guidance and Adjust Time line as Required.

Conduct those Objectives and Activities Scheduled for 1999.

Conceptual Responses

HIV PREVENTION PROGRAM APPLICATION (Page 53)

Technical Assistance

Needs: HPPC

- Process Evaluation
- Logistics and Technical
- Facilitation Training
- Cultural Competence

Providers

- OD/TA Continuation:

Conceptual Responses

HIV PREVENTION PROGRAM APPLICATION (Page 53)

Differences Between the Plan and the Application

None/Minor (e.g.Timing)

Conceptual Responses

HIV PREVENTION PROGRAM APPLICATION (Page 53 to 54)

Unmet Needs

Restoration Funds

1998 Supplemental for AA and Latinos BRPs 1-4 (If not funded)

1998 Supplemental for HIV Positives (If not funded)

Gaps Due to End of 1997 Supplemental

Potential New Needs After Re-prioritization in 1999.

COMMENTS ALREADY RECEIVED

1. For consistency with the Plan, starting on page 14, "Priority Populations and Interventions" should only list the 12 BRPs, with an explanation of the Plan's approach to guidance on interventions. Leave out the Priority Interventions identified for sub-populations in the Supplemental applications. These are gaps, identified after the Plan's implementation through needs assessments. **(We agree and are incorporating the change).**

2. Some Terminology used in the Addendum should not be used again "closeted bisexually acting men." **(We agree and are incorporating the change).**

3. Starting on Page 28, "1999 Priority Populations and Interventions," it would be helpful to always make reference to the page number in the plan after the following: " To achieve the expected impacts for this intervention as stated in the Plan." **(We agree and are incorporating the change, as well as making references to pages in the Plan throughout the document).**

4. A number of clarifications, corrections and editorial suggestions were made and are welcome. These are being noted and addressed.

5. We acknowledge that the final draft will have to be edited for style, consistency of terminology, elimination of jargon, to improve flow, and transition from one section to another.

IF YOU ARE GOING TO GET AN HIV TEST, DID YOU KNOW THAT

a *new,* separate, HIV blood test called the **Detuned-ELISA** is being studied by the San Francisco Department of Public Health & is now available?

Here are some things about the **Detuned ELISA** you might want to know:

1) If you test HIV positive, the **Detuned ELISA can detect recent** (within the past 6 months) **or long-standing** (beyond the past 6 months) **HIV infection.**

2) Detuned ELISA results do not affect your initial HIV test result.

3) Some of the same blood from your standard HIV test blood draw is used for the Detuned ELISA test.

4) The Detuned ELISA test is free and voluntary.

5) The Detuned ELISA is still being studied but current research suggets results to be nearly 95% accurate.

SOME POTENTIAL BENEFITS OF THE DETUNED ELISA:

If you test HIV-positive, and consent to the detuned ELISA test, some potential benefits of knowing this test result *may* include:

1) guiding both you and your healthcare provider in making treatment decisions. Disease progression may be delayed through treatment of early HIV infection,
2) assistance with the reduction of HIV transmission to others by early detection, treatment & prevention, and
3) assisting you with voluntary partner counseling and referral needs.

\# \# \#

At this time, the Detuned ELISA test is only available at the following locations:

San Francisco Department of Public Health
City Clinic
356 7th Street
415-487-5500

AIDS Health Project HIV Antibody Counseling &Testing Sites
415-502-TEST (502-8378)

THE CHOICE IS YOURS
So be sure to talk with your Clinician/ Counselor about any concerns or questions you have. The Detuned ELISA test will only be done with your consent. For more information call Viva Delgado at 415-554-9096

SF DPH

HIV PREVENTION PLANNING COUNCIL
Minutes of August 27, 1998

HPPC:	Thurs., September 10, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.
	Thurs., September 24, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:
Bill Barnes
Joan Benoit
Michael Bogan
Barry Brinkley
Manny DaCalanio
Brenda Escobar
Elizabeth Davis
Stephen King
Sacul L'Adnbre
Jennifer Lorvick
Melinda Martin
Byron Mason
Mazdak Mazarei
Lauren Michaels
Helen Miramontes
Jimmie Naritomi
Shawn O'Hearn
Henry Ocampo
J. Colin Partridge
Dawn Passar
Jeff Poltl
María Rinaldi
Steven Sams
Danielle Stringer-Shakur
John Blake West
A. Toni Young

Members Absent:
Marcos Bañales
Dave Hubbard
Dredge Byung'chu Kang
John Newmeyer
Steven Tierney

Leave of Absence:
Michael Discepola

AIDS Office Staff:
Delia Garcia
Lyn Fischer-Ponce
Tracey Packer
Peter Twyman

Polaris R & D, Inc.
Kweli Simone Ferguson

Guests:
Gil Gerald, AIDS Office
Darren Joe, NAAP
Cynthia Laird, BAR
Tony Leone, Parlimentarian
Willi McFarland, AIDS Office
Larry Meridian
Duane T. Poe, BCA
Ellen Goldstein

Technical Support Staff:
Michael DeMayo
Kristin DuBay

Process Evaluation Team:
Ruel Caneda
Kathleen Roe
Kevin Roe
Alison Wakefield

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1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Toni Y. welcomed the group, asked for a moment of silence, and invited Council members to introduce themselves and make announcements.

Announcements:

Member Absences

- John Newmeyer and Steven Tierney notified the CO-Chairs of their inability to attend this meeting.

A. Toni Young

- Emily Coles of Polaris Research and Development, Inc. will not be returning to take minutes for the HPPC. Kweli Simone Ferguson will permanently replace her.
- Both Toni and Barry B. attended the Six Cities meeting one week ago. The meeting, between the six CDC (Center for Disease Control) directly funded cities, was a success.

- If anyone knows of previous HPPC CO-Chairs or anyone with a history in the community planning process, reviewers are needed for the November Cooperative Agreement. Information should be given to Tracey P. or Toni Y. to forward to the CDC.
- The United States Conference on AIDS will be held in Dallas from October 29 to November 1. There are a few scholarships still available. Contact their website for more information.
- The next Governance Task Force meeting will be held September 2nd from 3-5 PM. Everyone is invited to participate, however this will be the last day that new attendees can become voting members. Michael Bogan, who will be the facilitator for this meeting, can provide an overview of the Governance Task Force to interested parties.

Byron Mason

- The Outreach Committee is still actively seeking submissions for the HPPC newsletter. Contact Byron M. if interested.

Bill Barnes

- The CDC and others are in the process of developing a new curriculum for partner counseling for youth. He will report any new developments.

Michael DeMayo

- Kristin DuBay is the new addition to Harder + Co. She will be providing technical support to the Outreach Committee, the Strategic Evaluation Task Force, and the Governance Task Force. Kristen gained community planning experience in Boston.

Danielle Stringer-Shakur

- The fourth annual Civil Rights Health Fair for Queer and Questioning women, "Out of the Closet, Into the Sheets", will be held Saturday, October 10 at 4235 19th Street in San Francisco from 11 AM to 6 PM. The event will provide HIV testing on site and explore issues surrounding HIV, safer sex, violence, etc.

Lauren Michaels

- New Village is moving its location from 973 Market Street to 42 Webster Street.
- PYTC is looking for queer youth ranging in ages from 14 to 17 years to participate in job training and preparedness.

Tracey Packer

- Public comment cards are placed on the back handout table.
- Steven Tierney will be in Ireland for two weeks on vacation.
- Brenda Escobar and Ellen Goldstein will be arriving late.
- The HPPC is currently recruiting new members. Nomination forms are on the back handout table. New members will be selected by the end of September. November and December is the provisional period with the official term beginning January 1.

Barry Brinkley

- A facilitation training for all Chairs and CO-Chairs will be held August 31 from 9:30 AM to 4:30 PM at 25 Van Ness, Rm. 330 B. Seven of the eighteen slots are currently filled. HPPB members are invited to fill remaining slots. Unfilled slots will be offered to Council members. Any remaing slots will be offerd to consultants. Please sign up with Peter Twyman.

- $170,000 has been allocated to Latino AIDS prevention programs. The Mission Neighborhood Health Center will receive $8,112. Instituto Familiar DE LA Raza will receive $50,000 and EL Ambiente $40,000. And Proyecto Contra SIDA por Vida will receive $71,888. The awards will be given September 2nd. The program directors have been notified of the awards and will be meeting with Delia Garcia, program manager, to discuss the scope of work and terms of the AIDS Office contract.

Technical Support Staff and Guest Introductions

Willi McFarland (AIDS Office)

- Detuned Elisa, a new, separate, HIV blood test is now available. Detuned Elisa distinguishes recent positive HIV infection. An information sheet is available at the back handout table.
- HPPC members are invited to join the Community Advisory Board. The next meeting will be held September 9 at 11 AM. Contact VIVA Delagado at 554-9096, if interested.

Kevin Roe

- The evaluation results for Meeting #15 are now available.

Delia Garcia

- A community forum on Hepatitis C will be held at the California Medical Pacific Center on October 20th from 6:30 to 9 PM.

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2. APPROVAL OF THE MINUTES FROM AUGUST 13:

- Shawn O'Hearn announced that a 12 unit certificate program for people in HIV/STD prevention would be offered at the City College of San Francisco not UCSF as previously stated.
- The Priority Setting Task Force and Bill Barnes presented the process to identify sub-populations within the context of BRP's (Behavior Risk Populations) to the Council for a concept vote. During the presentation, Bill explained that BRP's should be prioritized by incidence according to the concept created by the Assessment Committee. He described incidence as the number of estimated new infections for each BRP divided by the total estimated number. It should read: **The ratio of incidence percentage to total incidence is the percent of new cases of HIV for each BRP divided by the total number of expected new cases of HIV in the city.**

The minutes were approved with 15 in favor and 9 abstentions.

3. PUBLIC COMMENT

No public comment.

4. PROPOSAL TO REQUIRE REPORTING ON RESEARCH BACK TO COMMUNITIES - VOTE (Bill Barnes)

Bill began by reading the draft of the "Resolution for Consideration by Members of the San Francisco HIV Prevention Planning Council Regarding Community Research Partnerships". It reads:

> WHEREAS, HIV prevention research is a central component of planning, program design and implementation, and evaluation; and
>
> WHEREAS, members of the San Francisco community, including Hank Wilson, have expressed concerns about the public availability of data from studies conducted in San Francisco; and
>
> WHEREAS, many research studies are conducted in San Francisco due to our unique place in the AIDS epidemic and the willingness of San Franciscans to participate in often extensive research protocols; and
>
> WHEREAS, it is integral to HIV prevention that research findings are shared in a real-time basis (i.e. prior to publication) through all available outlets with HIV prevention providers and community members in order to raise consciousness, better inform HIV prevention programs and encourage community members to self-correct; now
>
> THEREFORE, BE IT RESOLVED, that it is the sense of San Francisco HIV Prevention Planning Council that research findings must be shared with community members, planners, and HIV prevention providers in real time.
>
> BE IT FURTHER RESOLVED, that the HPPC respectfully requests the San Francisco Department of Public Health, DPH-funded researchers and other HIV prevention researchers provide a plan to the HPPC for ongoing community updates on research protocols and findings via presentations in culturally-competent and accessible public forums.

The Council discussed the language of the resolution. Helen M. remarked that the data from research findings takes time to analyze. The Council agreed that results should be presented in a manner that is practical and should come in the form of a non-demanding recommendation from the Council. Bill reported delays in results to the community have existed for up to two years. The phrase "real time" appeared vague and ambiguous. The Council discussed setting a specific time to which the resolution was to strike the words "real time" from the document. It should be noted that researchers are sometimes prohibited from releasing information before it is published. Lauren commented that preliminary information is very useful and provides a general idea of what is happening in the community.

The agreed upon changes are reflected in paragraphs 3 and 4 of the document:

> WHEREAS, it is integral to HIV prevention that research findings are shared through all available outlets with HIV prevention providers and community members in order to

raise consciousness, better inform HIV prevention programs and encourage community members to self-correct; now

THEREFORE, BE IT RESOLVED, that the San Francisco HIV Prevention Planning Council **recommend** that research findings be shared with community members, planners, and HIV prevention providers **at the earliest feasible times such findings can be released either formally or informally**.

The document was approved with 15 in favor and 8 abstentions.

5. PRESENTATION OF THE 1999 CDC COOPERATIVE AGREEMENT (Gil Gerald)

Gil Gerald has over sixteen years experience in the community based setting. The AIDS Office provided him his first opportunity to work within a public health agency. His skills in proposal writing extend since 1983. He wrote his first successful cooperative agreement for the CDC in 1987.

He has been a community organizer, an HIV advocate, a health educator, and an executive director of a minority based organization with a budget of 1 million dollars. In 1985, he helped to produce one of the first national broclures on AIDS in the African American community. He helped to develop the first national conference on AIDS within the black community on a small grant from the Reagan administration in 1986.

He is an incorporator, a founder, and former member of the board as Secretary of the National Minority AIDS Council. He has served on several boards with funding that ranged from $60,000 to $23 million a year for HIV. He has worked with national organizations, community based, organizations, state agencies, and municipalities conducting evaluations, needs assessments, and developing programst for the last nine years.

He recognized that the Council focuses special attention on cultural competency and the issue of HIV and gay and bisexual men of color. He was a principal investigator under a CDC funded program to assess the needs of HIV prevention for 5 U.S. cities in 1993. He developed a manual for Cook County that detailed meeting the needs of gay and bisexual men of color.

On a personal note, his background includes a mixture of African American, Caribbean, and Hispanic decent. He is also gay. And these perspectives he brings to his work in the form of the same dedication as Council members.

Gil Gerald presented to the Council the first draft of the 1999 Cooperative Agreement in the form of overhead transparencies. These transparencies, titled "CDC Application, HPPC review #1", will be referred to as addendum #1 (attached to the minutes). The addendum will be referred to in Section 7: Questions and Answers re 1999 CDC Cooperative Agreement Application and Budget. References in Section 7 should also be used with the CDC Application draft and the detailed CDC Application Budget which were mailed prior to the HPPC meeting of August 27. There will be a special meeting for in-depth discussion regarding the CDC application held Tuesday, September 2nd at the AIDS office at 10 AM. Members are invited and encouraged to attend this meeting as well as fax any comments or

suggestions to Gil Gerald at (415) 431-7547.

CDC COOPERATIVE AGREEMENT APPLICATION BUDGET PRESENTATION (Barry Brinkley)

Barry Brinkley presented the budget. He passed out the 1999 CDC Application Budget Summary. The summary includes three separate scenarios from the 1998 budget and the projected 1999 budget.

Scenario 1
The base budget for 1998 was $7.679 million dollars. Scenario 1 looks at flat funding. If the same amount of money is received for 1999 as 1998, a $68 thousand AO administrative deficit would result. In terms of MOU's (Memoranda of Understanding), there would be an $86 thousand deficit. There would be no deficit in CBO funding because the contracts will be maintained. The cuts are being absorbed by the AIDS Office and the Department of Public Health.

Scenario 2
Scenario 2 focused on a 7% increase to cover the bulk of the deficit. With a 7% increase, the deficit would decrease from $154 thousand to $26 thousand.

Scenario 3
With an increase of 9%, there would be no deficit. It represents an additional $175 thousand for Public Health administration and staff, an increase in CBO contracts to $319 thousand and an increase in MOU's by $196 thousand. The total increase for the award would be $691 thousand.

This 9% increase enables personnel to perform at the capacity of the original commitment last year. The agencies that were not performing well would have the technical assistance to provide quality work.

The award for last year was $7.67 million although $8.1 million was asked for. This budget reflects $174 thousand more than what was originally asked for last year. This amount is the net gain for this year. The Department of Public Health feels this is a reasonable budget to request.

The application will ask for what is needed and not less than what was asked for last year. This budget reflects what is needed to accomplish the work recognizing the increases and projecting what the increases would be both for CBO's and the AIDS Office.

6. Break: 4:05 PM - 4:20 PM

7. QUESTIONS AND ANSWERS RE 1999 CDC COOPERATIVE AGREEMENT APPLICATION (Gil Gerald, Tracey Packer)

Toni Y. announced that the question and answer period would begin with the content of the HPPC Cooperative Agreement draft and then move to the CDC Application budget.

Tracey Packer and Gil Gerald set up a notetaking system with Peter Twyman and Lyn Fisher-Ponce to acknowledge all suggestions and questions.

Gil Gerald began the question and answer period by announcing that there would be more collaboration and coordination with the Treatment on Demand Planning Council.

Elizabeth D. was concerned about the cost of program activities surrounding STD prevention and control services. She suggested information be sought from Dr. Jeff Klosner, Charlotte Kent, and Wendy Wolf. She suggested they use her input regarding the youth programs which are not mentioned. She noted that the inclusion of substance abuse services within the application is important. However, there should be more explanation on the type of education that Wedge provides as mentioned on page 5 of the application, at what schools it is being offered, and that it is a collaboration with the Unified School District.

Gil Gerald - Dr. Klosner received a memo asking for his input and Wendy Wolf was on vacation. Gil will meet with Wendy to discuss the application.

Shawn O. announced that there is a CDC update of STD treatment to prevent HIV infection as of July 1998. There is also an update on STD protection and treatment and HIV prevention. The Morbidity and Mortality Weekly Report outlines and summarizes all this information.

Bill B. referred to the section on education of the CDC Application that he felt was insufficient. He reported that the San Francisco Unified School District is currently funded by the CDC through adolescent health program. He asked how DPH is working with the San Francisco Unified School District and the other school districts. He also stated that according to the resource inventory, Wedge is funded to serve all the BRP's.

Steven S. mentioned the inaccuracy of the demographic charts, and the membership sections of the CDC Application. He suggested working with Lyn Fisher-Ponce to resolve these issues. The discussion of the gaps and how to address them and the membership selection process are not a part of the bylaws yet. The way it is written in the application does not reflect that fact.

Gil Gerald responded that one of the challenges faced was that the forms and tables provided by the CDC that were insufficient, were difficult to complete with all information. They will continue to address this problem.

Tracey P. reiterated what Mazdak M. reported, that Wedge has a specific project that addresses MSM and MSMF which is a part of the 1997 Supplemental funding which ends at the end of 1998. It is not included in this application for 1999, but is included along with the Supplemental as an unmet need because it is being defunded.

Jimmie N. suggested for Comprehensive HIV Prevention Planning, expanding the attachments to 2A on page 14 of the application which is a part of the 1995 Plan.

Tracey suggested reporting that the 1995 Plan was done, but the 1997 Plan completely replaces the 1995 Plan. The 1995 Plan information will not be used, and therefore will not be sent to the CDC.

Bill - Does the application identify what gaps need to be met?
Gil G. - The process is not to identify gaps. That process is delegated to the Planning Council. It is my understanding that we are to continue the activities, the essential prioritization, and the resource allocation that have been in place based on the Plan and the instructions that are outlined

for this application.
Tracey P. - The nature of the application is to follow the Plan and all the activities of the Planning Council. The last Needs Assessment was done when we had the option of Supplemental 1998 funds which were specifically based on where the CDC stated the funds could go. Prior to that, we had Supplemental 1997 funds. In both cases, we looked at what funds were available in San Francisco. These include CDC funds through the AIDS Office, CDC direct, State funds, and General funds. These all go into the resource inventory and the gaps which were examined by the Council. That funding is not included in School Health. The AIDS Office and the Council should recognize that this is a big gap and deal with it.

Gil Gerald reported that the conceptual response in the application is strong, but there is still a lot of work to be done with the forms. San Francisco continues to be a model and is ahead in terms of an evaluation. He feels that the application is a good one and can not immediately identify where any weak points are.

Jimmie N. suggested reviewing the bylaws and clarifying the terminology of the Membership Selection Committee. There also needs to be discussion surrounding changing the recruitment process routine from annually to biannually. The lack of representation needs to be resolved within the application. On page 10 of the application, he suggested the Community Outreach Committee would be useful to do some work with recruitment.

John Blake W. - In the outline for the 1999 objectives, would be it advisable to show incremental progress as opposed to all progress to December 31, 1999?
Gil G. - There are two main areas where objectives are described that way. The first is with the work the Council is doing and the second is with the work the AIDS Office is doing. These objectives are being tested now and feedback is important and with whether or not it agrees with the Council's sense of timing.
Tracey P. - It is difficult to address the objectives around the units of service. Contracts state what they are going to do in a year and it may not be possible to change it.
Barry B. - We have to recognize that progress is incremental. When those objectives which have total units of service are being provided they have to cumulate for the year, unless that type of objective can be achieved early.

Steven S. suggested changing the language on pages 50 and beyond of the application and page 19 of *addendum #1* regarding the linkages so that the language would reflect that none of it could be guaranteed. Special attention should be focused on the interventions.
Gil G. - The CDC asked for specificity.
Steven S. - The first paragraph should state that these linkages are hopes.
Tracey P. - We have to include objectives for the 1998 Supplemental, even if we do not have the money.

QUESTIONS AND ANSWERS RE 1999 CDC COOPERATIVE AGREEMENT APPLICATION BUDGET (Barry Brinkley)

Toni Y. opened the floor to questions and answers for the 1999 CDC Application Budget summary.

John Blake W. - Can you explain the decrease in funding for operating expenses in Scenario 1?
Barry B. - The decrease in funding for operating expenses would say that given the amount of funding we currently have, we would have to tighten our belt. This budget is a real "bare bones" budget. If we ask for less than the 9% increase, operating expenditures will have to be significantly reduced. We tried to look at where we could take money out, and keep it as efficient and effective as possible.

John Blake W. - Are you saying all the objectives can be achieved with the decrease in operating expenditures?
Barry B. - No. We can achieve only our objectives for CBO's because the funding remains level. Bottom line is there is no money to do what was initially planned. We don't want to cut the CBO's in such a drastic way that they can not maintain near current level of services. The cut has been taken by the AIDS Office in DPH instead of the CBO's.

Shawn O. - How many people are included in the $2 million?
Barry B. - The $2 million in the AIDS Office includes non-AIDS Office staff and the MOU's. Aside from the MOU's, the number of FTE's is 25 and the number of positions is 52. Technical support is paid out of community planning. The $.5 million that was not used previously (unobligated funds from prior year) is a separate issue apart from this application.

Jimmie N. - With Scenario 1, the cut to be absorbed by DPH is $186 thousand, with Scenario 3 the cut to be absorbed is $163 thousand. Is that rational?
Barry B. - We needed to increase the amount of dollars in order to bring us up to full staff to do quality of monitoring. DPH can absorb additional operational cuts.

Steven S. reported that the summary budget and the detailed budget numbers did not match. Barry B. responded that for the indirect costs are folded in and therefore total figures out.

The Council addressed concerns regarding how and if rollover funds would be figured into the budget. Barry B. reported that there has been no word regarding the approval of rollover funds as of yet. There is no scenario for less money than what was asked for last year. If rollover funds are not approved from 1997, services will be reduced. It is highly unlikely that less money will be received than last year. The increase is reflected in Scenario 3 at 9%. If less money is received, another scenario would have to be drafted.

8. NEXT STEPS FOR THE 1999 CDC COOPERATIVE AGREEMENT APPLICATION (Gil Gerald)
The comments and suggestions made today will be incorporated into another draft. The revisions will be mailed to members on September 4th for review before the Letter of Concurrence. Tracey suggested that anyone who would rather pick up a copy can do so by noon on September 4th.

9. CONCEPT VOTE ON THE DIRECTION OF THE 1999 CDC COOPERATIVE AGREEMENT APPLICATION (Gil Gerald, Tracey Packer)
Tracey asked that the members keep in mind that this vote is to determine whether the HPPC agrees that the AIDS Office is going in the same direction as the Council, the task forces, the committees, and ultimately the Plan.

The CDC Cooperative Agreement Application draft was approved with 13 in favor, 1 opposed, and 7 abstentions.

10. CLOSURE AND EVALUATIONS

Maria R. noted that the concept vote only approved the direction but information is still subject to change. She has also sent a letter to all members announcing her resignation from the Governance Task Force.

Bill B. mentioned that large areas of the draft are unclear to him which is why he voted against the concept vote.

Adjourn: 5:25 PM

Attached to minutes for absent members:

- Meeting Evaluation Results
- Participant Dialogue
- Byron Mason, The Outreach Committee
- Basic Parliamentary Information
- HPPC Membership Nomination Form
- HIV Prevention Community Planning
- Detuned Eliza information sheet
- 1999 CDC Application Budget Summary

HIV PREVENTION PLANNING COUNCIL MEETING

September 10, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

12
2
10/98

Meeting called by: **Co-Chairs:**
Barry Brinkley
Steven Sams
Toni Young

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Please read and bring:

- **Agenda**
- **Minutes of 8/27**
- **The 2nd draft of the 1999 CDC Cooperative Agreement Application**

All Items Include Public Comment

Times for Agenda Items are Approximate

1.	Food/Welcome/Introductions/Announcements	Steven Sams	3:00 - 3:15 PM
2.	Review & Approval of Minutes from 8/27	Steven Sams	3:15 - 3:20 PM
3.	Public Comment	Steven Sams	3:20 - 3:30 PM
4.	Letter of Concurrence with the 1999 CDC Cooperative Agreement Application - Discussion and Vote	Steven Sams Gil Gerald Barry Brinkley	3:30 - 4:45 PM
5.	Break		4:45 - 4:55 PM
6.	Presentation on the Assessment of HIV Prevention Service Needs for Women	Ari Bachrach	4:55 - 5:55 PM
7.	Closure and Evaluation		5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, **September 24, 1998, 3-6 PM.** First Unitarian Church, 1187 Franklin Street

HPPC Meeting - Thursday, **October 8, 1998, 3-6 PM.** First Unitarian Church, 1187 Franklin Street

SF DPH

HIV PREVENTION PLANNING COUNCIL
Minutes of September 10, 1998

HPPC:	Thurs., September 24, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., October 8, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:
Bill Barnes, abstain
Barry Brinkley, Y
Elizabeth Davis, Y
Brenda Escobar, Y
Dredge Byung'chu Kang, Y
Stephen King, Y
Sacul L'Adnbre, Y
Melinda Martin, Y
Byron Mason, Y
Lauren Michaels, abstain
Jimmie Naritomi, Y
John Newmeyer, Y
Shawn O'Hearn, N
J. Colin Partridge, Y
Dawn Passar, Y
Jeff Poltl, abstain
María Rinaldi, N
Steven Sams, Facilitating/ Not Voting
Danielle Stringer-Shakur, abstain
Steven Tierney, Y
John Blake West, Y
A. Toni Young, Y

Members Absent:
Marcos Bañales
Joan Benoit
Michael Bogan
Manny DaCalanio
Dave Hubbard
Jennifer Lorvick
Mazdak Mazarei
Henry Ocampo

Parliamentarian:
Tony Leone

Leave of Absence:
Michael Discepola
Helen Miramontes

AIDS Office Staff:
Delia Garcia
Mike Pendo
Peter Twyman

Polaris R & D, Inc.
Kweli Simone Ferguson

Guests:
Gil Gerald, AIDS Office
Ari Bachrach
Larry Meridith, DPH
Robert Olsen
Victoria Schneider, EDA
Kelli Tench
Rosalind Wright, IRIS Cenetr

Technical Support Staff:
Kristin DuBay

Process Evaluation Team:
Ruel Caneda
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Kevin Roe
Alison Wakefield

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1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Steven S. welcomed the group and directed those speaking for public comment to fill out the cards on the back table and specify if they wish to speak for general comment or one of the agenda items. He then directed attention to the CDC update on prevention, and an announcement on the International Conference on Women and HIV. The next round of new member and recruitment letters have gone out to 350 addresses. He asked for member/ guest introductions and announcements.

Announcements:

Member Absences

- Henry O'Campo and Manny DaCalanio notified the Co-Chairs of their inability to attend this meeting.

Danielle Stringer-Shakur

- "Out of the Closet & Into the Sheets", the fourth annual free health fair for Queer and Questioning women, will be held October 10, 1998 from 11 AM to 6 PM. The event, sponsored by Lyric, will be held at the Harvey Milk Civil Rights Academy at 4235 19th Street between Diamond and Collingwood. Flyers are on the handout table.

Bill Barnes

- Dick Pabich, the advisor to the mayor on AIDS, has had to resign citing health problems. Bill will be assuming his responsibilities for the remainder of the year, and feels it necessary to resign from the HPPC since it may create a conflict of interest. His resignation will become effective midnight September 11. He will remain as the chair of the Priority Setting Task Force with the full understanding that any recommendations made by the task force are reviewed by the full Council. He will also remain on the Governance Task Force as a community member. Additional members are desired for both the Priority Setting Task Force.

Elizabeth Davis

- Youth United Through Health Education in collaboration with Bayview Youth organizations is sponsoring, "The Best of Bayview, United We Stand". The event is designed to introduce Youth United to health education and the Bayview community and to highlight youth organizations. It will be held on October 10th, from 11 AM to 4 PM at the Bayview Opera House. Food and entertainment will be provided.
- A Town Hall meeting scheduled for October 8th from 5 PM to 7 PM will be held to discuss giving data back to the community. The site will be announced at a later date and everyone is encouraged to attend.

Shawn O'Hearn

- Shawn provided the Council with an update of the on-going dialogue he has had with Jeff Klausner, Director of STD Prevention & Control at the San Francisco Department of Public Health. He provided members with copies of the letters that detail the linkage between STD and HIV prevention, and the desire that Mr. Klausner's office take immediate action in the area of prevention.
- A brochure, Local Health Departments and HIV Prevention Community Planning of April 1998 has good and helpful information. He asked AIDS Office staff to make copies for HPPC members.
- The National Alliance of State and Territorial AIDS Directors, an association of county and city health officials, put the brochure together. There is not a member from San Francisco currently serving on the Board. One is needed.

John Blake West

- 350 nominations went out to community groups. The brochures included with the nominations ran out. John provided copies of the brochures on the handout table. Help is needed to recruit more Latinos and people living with HIV.

Toni Young

- A consensus of children and HIV in Chicago, "Chicago's Youth and HIV/AIDS: Making Your Interventions Work", has useful information for anyone interested. She passed the study around.

Technical Support Staff and Guest Introductions

Victoria Schneider

- A new study being conducted through UCSF, the California Partners Study, is looking for heterosexual or bisexual couples living with HIV. The goal of the study is to find the best ways to help HIV positive and negative partners prevent HIV transmission.
- Another study through UCSF, the Venus Study, is interested in the correlation between drug use and being HIV+. Flyers for both studies are located on the handout table.

Mike Pendo

- The Department of Public Health, in collaboration with Community Substance Abuse Services, released an RFP focusing on Behavior Risk Populations 1-4 who use methamphetamines.
- On the handout table there is a blue book and another handout from the STD Prevention City Clinic in preparation for their presentation in two weeks.
- The handout table has draft copies of the Women's Needs Assessment.

2. APPROVAL OF THE MINUTES FROM AUGUST 27:

- On Page 2 of the minutes, the announcement of Danielle S. should read the fourth annual *Harvey Milk* Civil Rights Health Fair at the Harvey Milk Civil Rights Academy at 4235 19th Street from 11 AM to 6 PM.
- On Page 7 of the minutes, the comment made by Elizabeth D. should read she was concerned about the *content* of program activities surrounding STD prevention and control services..
- Page 7, Paragraph 5, the second sentence should read, " He reported that the San Francisco Unified School District is currently funded by the CDC through the *Division of Adolescent and School Health Program."*
- Last Paragraph, the first sentence should ask, "Does the application fill identified gaps?"
- Paragraph 4, the first sentence should ask, "With Scenario 1 at level funding, the DPH *operating expenses* are reduced by $186 thousand, with Scenario 3 the DPH *operating expenses* are reduced by $163 thousand. Is that rational?"

The minutes were approved with 16 in favor.

3. PUBLIC COMMENT

Kelli Tench

- Kelli Tench describes herself as an HIV- woman in a relationship with an HIV+ man. She detailed the personal challenge she has faced in finding a support group for both her and her partner upon relocating to San Francisco. She read from a letter dated June 23, 1998 addressed to Michael McGrenra explaining their unique situation. Her purpose for attending this HPPC meeting is to gain support for services as she hasn't been able to receive any from anywhere else. She feels she has faced discrimination from access to special services because she is a heterosexual, HIV- woman. In her attempts, she has been told that there were not a significant amount of women with HIV let alone women without HIV to provide services.

The members expressed concern at the reported treatment experienced by Ms. Tench and her partner. Members felt they should have been made aware of this situation long before the meeting of September 10th. Barry Brinkley explained that he received the letter from Ms. Tench and was under the impression she would speak and meet with Jim Dilley, AIDS Health Project. And if resolution of her concerns was not achieved, she would then attend the HPPC meeting and present her issues. She agreed there was miscommunication. Members expressed that no agency can

refuse service to someone who is seeking help. They also mentioned that it is the role of the Department of Public Health to provide services to anyone who needs them, and this isn't the first time a heterosexual person has come to the meeting to ask what services can be utilized by them. Members also stated that, when situations like this occur, they would like to made aware immediately. Toni Y. asked the young woman if her needs were ever met. She replied , "No. They were not." Kelli thought she might be interested in starting her own focus group. She stated, however, that she was qualified for and received individual counseling at APH in San Francisco, but was able to utilize both individual and group counseling in San Mateo. Both Toni Y. and Bill B. took personal responsibility for assisting Kelli in any way they could.

4. LETTER OF CONCURRENCE WITH THE 1999 CDC COOPERATIVE AGREEMENT APPLICATION - DISCUSSION AND VOTE (Steven Sams, Gil Gerald, Barry Brinkley)

Steven S. introduced the agenda item by relating the history of the CDC Letter of Concurrence process and previous application characteristics. In this introduction he reminded the Council that the role they play was to review the document with the following responsibilities in mind. It is the responsibility of the HPPC to review the CDC applications submitted by the AIDS Office with regard to prevention funding to ensure the document addresses the priorities set by the HPPC regarding prevention strategies, interventions, and populations. It is not the responsibility of the HPPC to negotiate contracts or to release RFP's.

Historically, these applications have been more theoretical and less substantive because of where we were in the development process. Also historically, the Council was afforded only one opportunity to review and upgrade the document because that work by task forces and committees and preparation by the AIDS Office was in a lesser stage of completion than it is this year.

Steven S. asked that members submit vocabulary and grammatical upgrades in writing to the staff off-line so as to facilitate completing the review of the application in the time allowed.

Steven S. then instructed the Council in the meaning of a Letter of Concurrence and a Letter of Non-Concurrence and its impact on the application.

Steven S. noted that the process the HPPC would adhere to was that the document as a whole would be reviewed for clarity and content and then the Council would approach the process of upgrades section by section addressing concerns and comments in each section as they proceeded toward the final vote.

Gil G. explained today's presentation will attempt to accomplish three things:
1. To review where the HPPC stands in relation to the process.
2. To review the second draft of the application.
3. To review the budget.
4. To answer any questions regarding the second draft.

After the first draft of the application was presented to the Council, member suggestions were incorporated. The meeting held with AIDS Office staff and HPPC members last Tuesday provided further development of the application in terms of HPPC guidelines. This second draft will essentially be what is sent to the CDC (Centers for Disease Control).

Gil G. acknowledged the AIDS Office staff (Barry B., Tracey P., Delia G., and Mike P.), HPPC members, and DPH programs for their contributions to the CDC application. And Mike P. made significant contributions in the area of evaluation. Ellen G. was especially helpful.

Gil G. gave an overview of the application (section by section) and asked that all comments and suggestions be saved to the end. *For the purpose of the minutes, the questions and answers will follow the overview (section by section).*

The overall concept has not changed and remains consistent with the Plan. The application also includes base funding objectives and supplemental funding. The one important change includes an Executive Summary on page 1.

EXECUTIVE SUMMARY (page 1)
Action Point: Jimmie N. pointed out that within the first paragraph, the sentence, "In 1999, a range of HIV prevention challenges and opportunities requires increased resources for, and stepped up efforts by the partnership between the San Francisco Department of Public Health (DPH), the HIV Prevention Planning Council (HPPC), community-based HIV prevention providers (CBOs), academic research institutions, other private and public entities, and community advocates," should read, " . . . and stepped up efforts by the partnership *among* the San Francisco Department of Health (DPH) . . .

CROSS PROGRAM ACTIVITIES (pages 2-7)
Overview: This section describes the different programs of both the city government and the Department of Public Health. The CDC would like to know if and how these programs work together.
Q and A: Elizabeth D. asked STD Prevention has agreed with the application as it is written. Gil G. answered that they reviewed the first draft in writing, but not the second draft. Elizabeth stated she would investigate the delay and see that STD Prevention responds.
Action Point: Jimmie N. refers to page 3, paragraph 3, last sentence. The way the sentence is written indicates that prevention will be providing CARE services. Gil G. explained that the change of language for the HIV Prevention section is what is talked about here. He noted that he would "red flag" this area for further examination.
Action Point: Bill mentioned that in the education section there is no mention of the relationship between the Department of Public Health and the Division of Adolescent and School Health Program. Gil G. responded that he would add this information to the section.
Q and A: Jimmie N. referred to page 4, paragraph 5, first sentence. Does the Condom Distribution Program include education on lubricants and condoms?
Barry B. - Education about condoms and lubricants depends upon where the condoms are distributed. If they're distributed in a bar, probably no education. Distribution at a sex club would include education.
Action point: Elizabeth D. noticed that on page 7 there is no mention of the collaboration of the Unified School District and the STD Prevention Condom Availability Program. She will call for more information or the information could be obtained from Tracey Packer as the program was written by Valerie Kegenbein.

HIV PREVENTION COMMUNITY PLANNING (pages 7-22)
Overview: This section contains a status report on what the Council has been doing over the last 12 months ending this past June and beginning January, 1999.

Action Point: Toni Y. indicated that after the meeting on Tuesday, she left with an understanding that SES information would be included. Gil responded that discussion with AIDS Office staff led to not having a sense of the type of SES information that could be collected. He said that the SES information that was included would be highlighted more.

Q and A: The tables on pages 14 and 68 seem to include the same information. Gil explained that these tables were provided by the CDC, whereas in the past they did not provide any tables. The challenge was to fit HPPC information into CDC tables. The table on page 68 was constructed by the AIDS Office for HPPC information.

Action point: The Council discussed that the language on page 8 (Fostering the Openness and Participatory Nature of the Community Planning) be accurately reflected to what occurred. Instead of an outside consultant coming in to address diversity issues, Council members wanted the language to read "racism issues within the Council". Steven S. suggested the sentence be rewritten to which Gil agreed.

Q and A: Bill inquired whether the Council would collect any additional data with regard to the table on page 17. Gil responded they would not.

COMPREHENSIVE HIV PREVENTION COMMUNITY PLAN (pages 22-24)

Overview: This section discusses the priorities of the Plan in terms of populations and interventions. The 12 BRP's (Behavior Risk Populations) are listed here. San Francisco's innovative approach in providing guidance to providers to select the appropriate interventions for their populations is also described here.

No comments

HIV PROGRAM APPLICATION (pages 24-32)

Overview: Every year the department must provide a progress report on it's activity for the previous twelve months. A summary response of activity by objective has been created to meet that request.

Action Point: Bill stated that on page 29, IRRC should be added under Interventions.

HIV PREVENTION PROGRAM APPLICATION - PROGRAM GOALS, OBJECTIVES, AND ACTIVITIES (pages 32-37)

Overview: This section discusses what DPH will be doing over the calendar year in 1999. Some of these objectives are direct responses to new CDC guidelines around counseling, testing, referral, and partners. They are a conclusion of the objectives that occurred last year to what needs to occur in the coming year.

Action Point: Page 33, Outcome Objective #2 details a goal that was stated to have been achieved in the Consensus Report. Jimmie N. explained that the goal was achieved in part because recent estimates were lower. Steven S. suggested adding a phrase in this section that reflects the achieved projection of the Consensus. Gil agreed to work with John to add the phrase.

Action point: Bill suggested that on page 36, under Activities, there should be no implication of an RFP.

PRIORITY POPULATIONS AND INTERVENTIONS (pages 37-53)

Overview: The CDC has asked for specific objectives by priority populations and interventions. This section explores the services that have been provided within each BRP for the last two cycles and their translation into objectives.

Action Point: Special Projects for Youth should be Special Programs for Youth throughout this section. Gil responded that language pulled out of the Supplemental will remain consistent.

Action Point: Bill stated that on page 42, Mission Neighborhood should be Mission Neighborhood Health Center.

LINKAGES (pages 53-57)
Overview: What would be done with demonstration funds that come from the Supplemental in terms of HIV+ services and what will be done to connect counseling and testing is discussed in this section. This information is a direct request of the CDC.
Action Point: Steven S. stated that on page 55 the phrasing was changed in Process 1 or Process 2. It needs to be changed to make it available.
Q and A: Bill inquired (page 54) whether the CARE Council would be involved with the CAB he thought was the responsibility of the HPPC. Steven S. responded that the CARE Council will be invited because of the collaborative effort between CARE and HPPC.
Action Point: John Blake W. asked whether or not the linkages with Detuned Elisa would be mentioned since it has grave implications for HIV prevention. Gill responded that it would be mentioned.

HIV PROGRAM COORDINATION (page 51)
Overview: The Office activities are described in this section by program coordinators through a continuation of services.
No comments

EVALUATION (pages 57-61)
Overview: This section details this years objectives and are in accordance with the five year evaluation priorities of the HPPC.
No comments

5 YEAR STRATEGIC EVALUATION PLAN (pages 61-62)
Overview: The CDC is now requesting that all jurisdictions have a Five Year Strategic Evaluation Plan. The HPPC will respond by already having one. Any CDC guidelines will be incorporated into that Plan.
Q and A: The CDC has a technical assistance program that can be utilized to assist in grant writing.

DIFFERENCES BETWEEN THE APPLICATION AND THE PREVENTION PLAN (page 62)
Overview: There are no differences. The only differences between the Application and the Prevention Plan are due to timing. In the Plan, a certain thing may have been said to been accomplished by a certain date, instead the date may have shifted a bit.
No comments

SUMMARY OF UNMET NEEDS (page 63)
Overview: Unmet needs will be identified through the planning efforts of next year. Needs that have not been met from last year are also detailed.
Q and A: Bill stated that the gaps from 1997 through 1999 have not been noted and should be. He also stated that there is no information on how the gaps will be after the CDC funds are allocated.

BUDGET SUMMARY (Barry Brinkley)

Barry explained the four primary issues regarding the budget for the 1999 CDC Cooperative Agreement to the CDC. First, an amount of $8.3 million will be applied for. Second, compared to the award for 1998, it represents an increase of $174 thousand or 2%. Third, the $8.3 million request will elevate the organization to the original level requested for in 1998 with a modest cost of living increase - 2%. The application should reflect how well the Plan adheres to the initial intent. This request for $8.3 million is confirming and affirming that. And fourth, the budget provides for contracts and MOU's and full AIDS Office staffing to support HPPC community health planning, implementation, and program evaluation.

Q and A: Shawn O. asked why a baseline amount is being asked for considering the "huge sums" of money that are "out there"?

Barry replied the CDC received flat-funding from Congress last year. The 2% requested reflects an increase over the initial request from last year of $8.1 million. When compared to the actual amount received, $7.6 million, this reflects a 9% increase. The reason reduced funding was received in 1998 was because of a national administrative tap on CDC funding. The CDC , in turn, placed a tap on all jurisdictions including San Francisco.

Q and A: If the Department of Public Health has already identified unmet needs, why don't they meet those needs? Because even if every dollar requested is received, those needs will still be unmet.

Barry responded that all jurisdictions that receive funding recognize that they will not meet the level of need. San Francisco is no different. This budget which reflects a 9% increase above what was received for last year partially meets our unmet needs in the section that details unmet needs.

Barry explained the Supplemental grant. A $1.1 million preliminary notice of award was received early afternoon on Friday, September 4, 1998. HPPC members will remember that the Supplemental was divided into four parts. The first part for restoration (Category A), was the original tap the CDC took away last year and have now restored to $176,759. The second part (Category B) detailed the funding requested for the Latino and African American communities targeted by the CDC, in the amount of $340 thousand. Only $96, 696 was received. The HPPC will have to prioritize how the funding for this particular category will be addressed. The third part (Category C) for HIV infected individuals, was a request for $1.2 million. Only $704,328 was received. In this area, the budget will have to be cut down to reflect the lower level of funding. The fourth part (Category D) received all of the requested amount, $100,000 for evaluation. For this year $1,077,783 was received for Supplemental funding, last year $719,105 was received. This a major increase in Supplemental funding. Barry indicated that the CDC gave no guidance on how to address budget reductions created by the reduced award within Categories B and C.

Barry indicated that the preliminary award of $1 million will be incorporated into the CDC application.

LETTER OF CONCURRENCE - VOTE

The Letter of Concurrence to the CDC for the Cooperative Agreement Application was approved with 15 in favor, 2 opposed, and 4 abstentions. Tony Leone, the parliamentarian, indicated that a roll call vote was in order because the Brown Act stipulates the public has a right to know how each member voted (attached to the roll call).

Sacul addressed the Council and asked if those who didn't vote yes, could explain why. Steven S.

explained that any member who wished to explain their vote, could do so voluntarily.

Bill B. - Bill explained his abstention due to his new position that may present a conflict in voting for a Letter of Concurrence for the CDC Cooperative Agreement.

Lauren M. - Lauren responded that he abstained because he hadn't been able to review the application thoroughly enough to vote yes. He didn't receive the draft of the application in enough time to make a decision.

Danielle S. - Danielle replied she hadn't been able to review all parts of the draft thoroughly to make a decision being a new member.

Steven S. offered the assistance of the Co-Chairs to any member who needs information regarding agenda items including votes. He went on to congratulate everyone on their good work in putting together the CDC Cooperative Agreement Application.

5. Break: 4:40 PM - 5 PM

6. PRESENTATION ON THE ASSESSMENT OF HIV PREVENTION SERVICE NEEDS FOR WOMEN (Ari Bachrach, Mike Pendo)

Steven S. explained that some time ago the HPPC prioritized and obtained funding for a special women's services assessment. This services assessment is a product of the HPPC and will inform the work ahead.

Two years ago, the Supplemental Funding Task Force, prioritized females who have sex with males. One of the challenges faced by the Task Force was to determine how to effectively target this group who are at-risk for HIV.

Mike P. began the presentation with transparency tables of the Estimated Populations Size from the Consensus Report, Estimates of the number of persons infected with HIV in San Francisco - 1997 Consensus Report, Estimated number of new infections in San Francisco from the Consensus Report, and the Estimated Number of HIV Infected Non-IDU Females - 1997 Consensus Report. *This information along with the transparencies of the condensed version of the Women's Services Assessment are included with the minutes.*

He began with the Estimated Population size from the Consensus Report and asked that members focus on the 40% of the population that are non-injecting drug-users, 281 thousand. This group is the focus of the Women's Services Assessment. However, out of the entire population of persons living with HIV in San Francisco, they make up only 2% or 282 (Estimates of the number of persons infected with HIV in San Francisco - 1997 Consensus Report). This indicates a large population of females who have sex with males and use drugs who are not infected with HIV. Out of a total of 500 new infections this year, only 5.6% or 28 FSM's have become infected (Estimated number of new infections in San Francisco from the Consensus Report). He then focused on the racial demographics of the Estimated Number of HIV Infected Non-IDU Females - 1997 Consensus Report, 155 are African American, 96 are White, 14 are Latino, 14 describe themselves as Other, and 3 are Asian/Pacific Islander.

The question is:
Given a population size of almost 300,000, how do you effectively target resources to reach non-

IDU females at risk for HIV infection and prevent the 28 estimated new infections that will occur each year? Who and what are the services for this population? The needs assessment is not client based but rather tries to answer these two questions.

Ari Bachrach presented a condensed version of the Services Assessment and listened to member concerns. Many members felt that the Assessment was insufficient based on the types of questions that were asked and that providers were either confused or unwilling to answer, and that the Assessment did not provide an answer to who and what were the services for this population. Ari reported that the response rate was 60%. She further explained that every attempt was made to contact providers, up to 4 surveys were sent out and 1-5 phone calls were made to get the surveys back.

Action Point: Toni Y. asked why weren't covariates mentioned when cofactors were? Ari replied she probably wasn't using the correct language. Around the cofactor issue, she reported that the agencies don't seem to be reporting the other circumstances that would put women at-risk for HIV. Covariates and cofactors were somewhat left out. Mike explained that covariates were asked when the questions asked about race, age and neighborhood. Toni Y. stated that this was an opportunity to provide an education to non-specific AIDS providers on covariates and cofactors. They have the information, but don't know the language. She explained that with $100 thousand to spend, this was not the correct result. Something must be done quickly. She reported that Susan Buckbinder is convening a large group of women service providers, researchers, and physicians the first week in October, titled Prevention Intervention, that could provide information. Next week, in Washington D.C., a meeting discussing the same topic will be convened at which point she would raise the issue of the Needs Assessment there.
Action Point: John Blake W. suggested that if language isn't made common amongst providers, the findings are frivolous.
Action Point: Elizabeth D. suggested that for the future when agencies do not respond by mailing back surveys or returning calls, an extra effort be made to contact those providers in person.
Action Point: Dawn P. would like to see the AIDS Office make it mandatory for providers to return and completely answer survey questions. The HPPC should also make an extra effort to construct a survey that providers can answer and understand all questions.
Action Point: María R. suggested that a discussion around the next steps for the Women's Services Assessment be put on the agenda for the next meeting. She suggested a task force be created to obtain funding and determine the next steps for the services assessment. She stated that the assessment should not be focused on the needs of this BRP but rather the services. Steven S. responded that the 9/24 agenda was already tight, but the Co-Chairs would determine a method for addressing María's concern and report back to the full Council.
Action Point: Lauren thought the survey should have been brought back to the Council before it went to providers to determine the kinds of questions being asked. He suggested that with another survey, a glossary be attached.

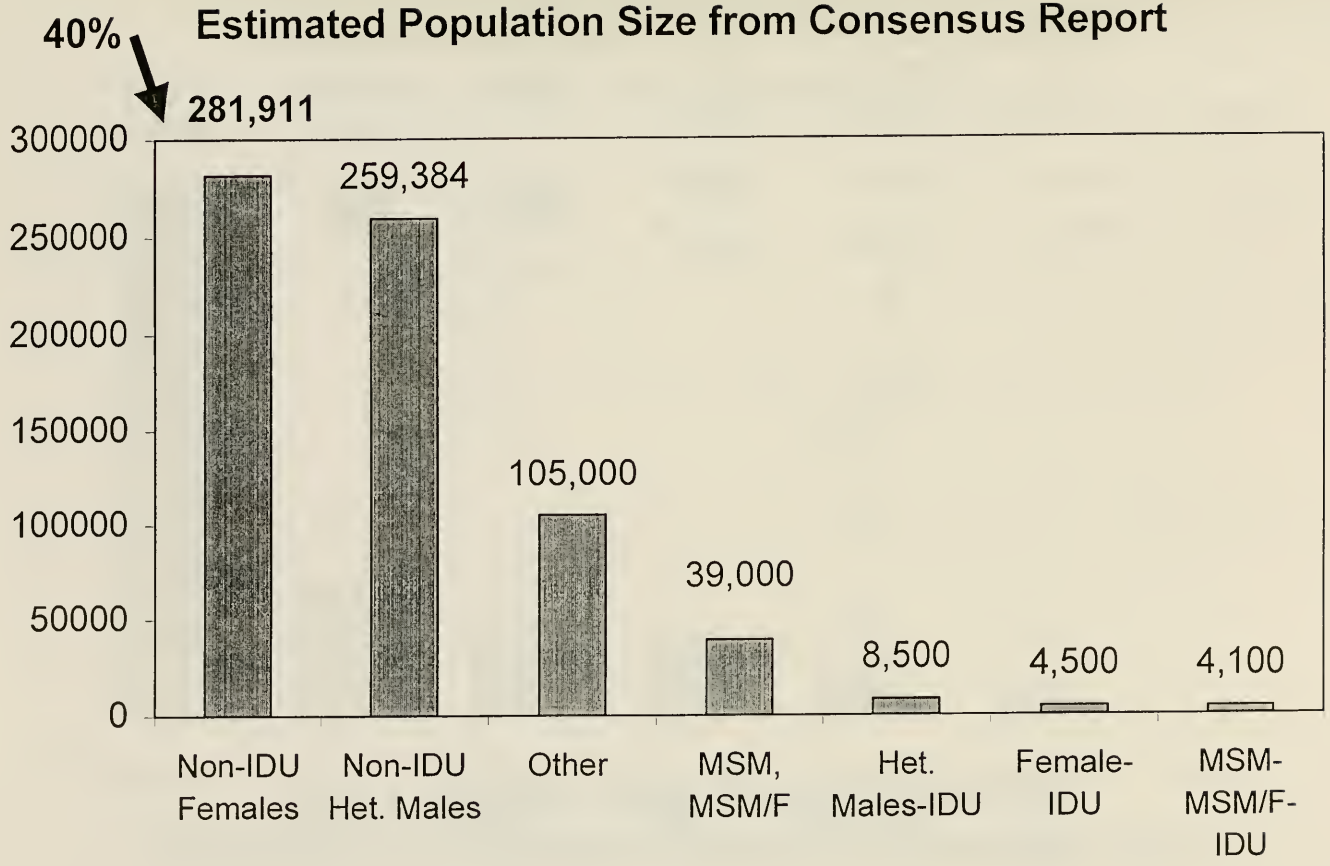
7. CLOSURE AND EVALUATION
Adjourn: 6 PM

Attached to minutes for absent members:

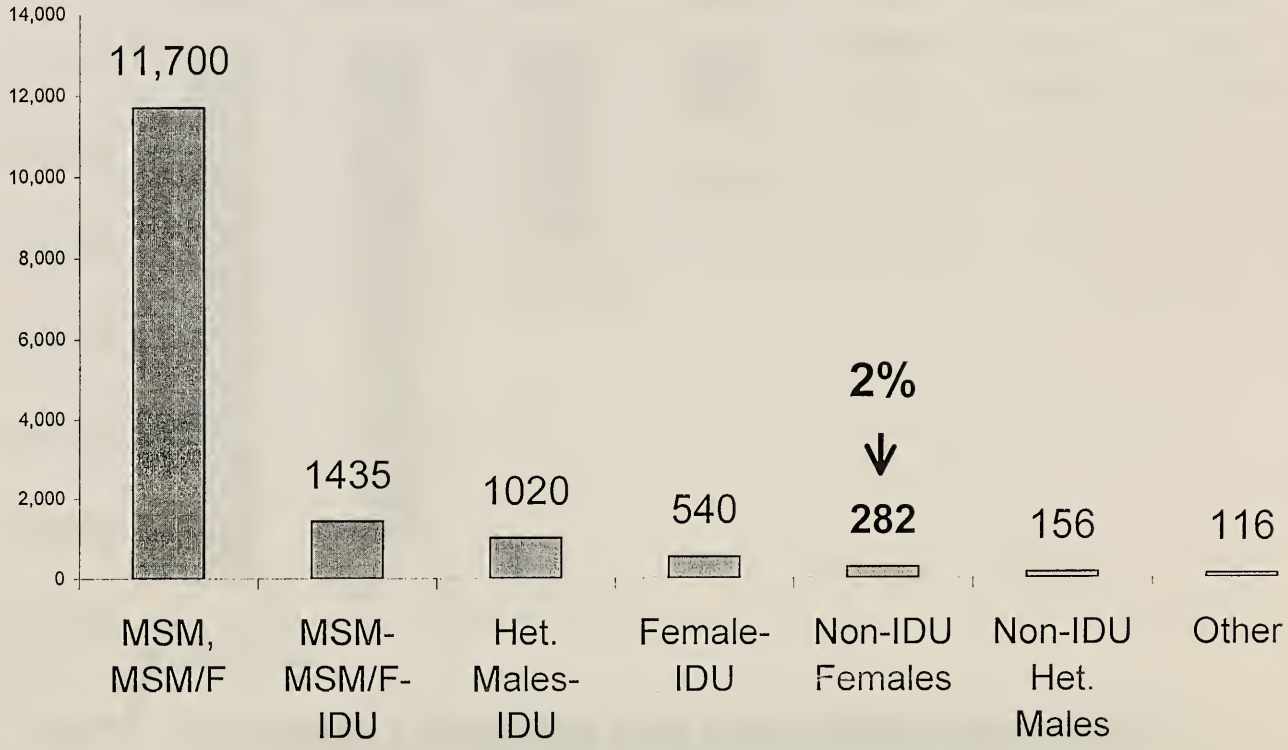
- "Out of the Closets and Into The Sheets IV" flyer
- 1998 HPPC Calendar

- A letter from Kelli Tench to Michael McGrenra, Director AIDS Health Project
- A letter from Shawn O'Hearn to Jeff Klausner, Director STD Prevention & Control
- San Francisco STD Prevention and Control Section 1997 Annual Summary
- An article regarding the resignation of Dick Pabich
- Free International AIDS Conference Update for Women with HIV flyer
- CDC update on HIV Prevalence Among Disadvantaged Youth in the 1990's
- A Lyric sponsored free Health Fair and Young Women's Dance flyer
- Meeting #16 Process Evaluation Results
- Committee Update newsletter
- Meeting #16 Participant Dialogue
- Member Nomination Packet

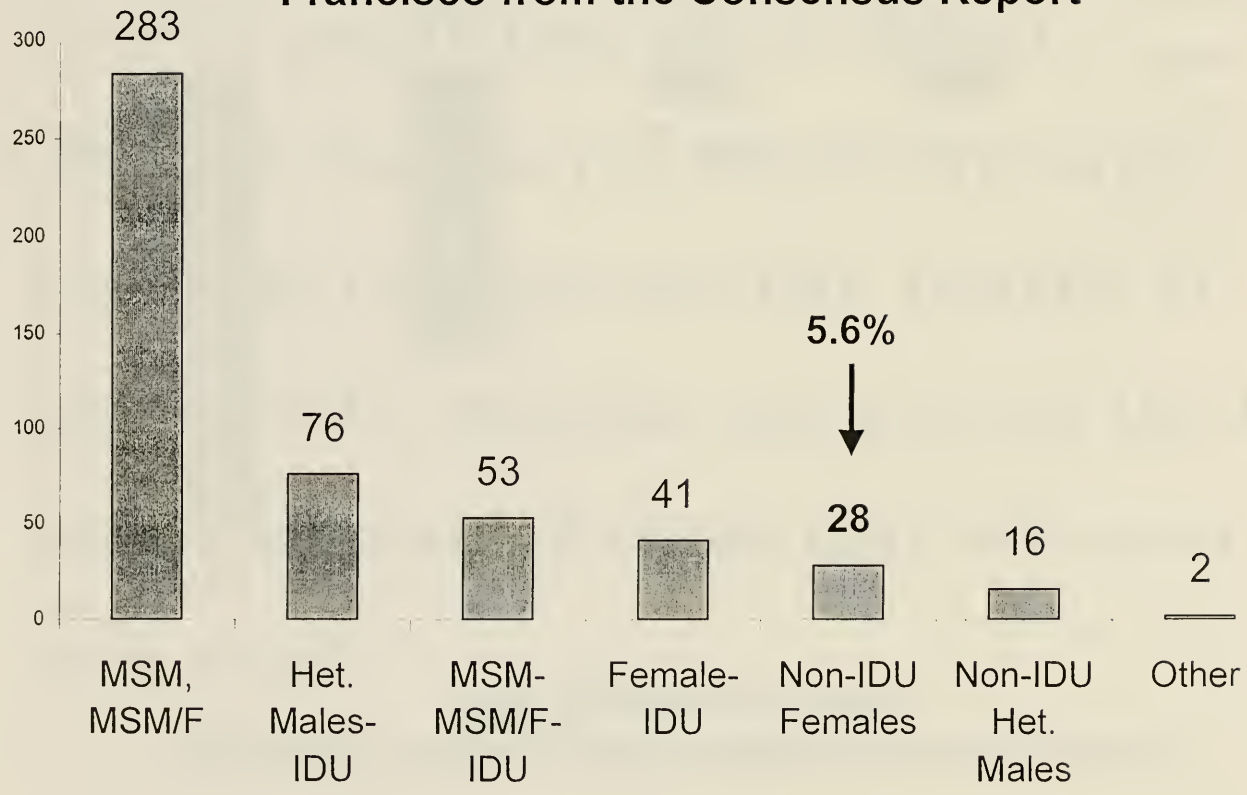
Women's HIV Prevention Services Assessment


40%
Estimated Population Size from Consensus Report
281,911
300000
250000
200000
150000
100000
50000
0
259,384
105,000
39,000
8,500
4,500
4,100
Non-IDU Females
Non-IDU Het. Males
Other
MSM, MSM/F
Het. Males-IDU
Female-IDU
MSM-MSM/F-IDU

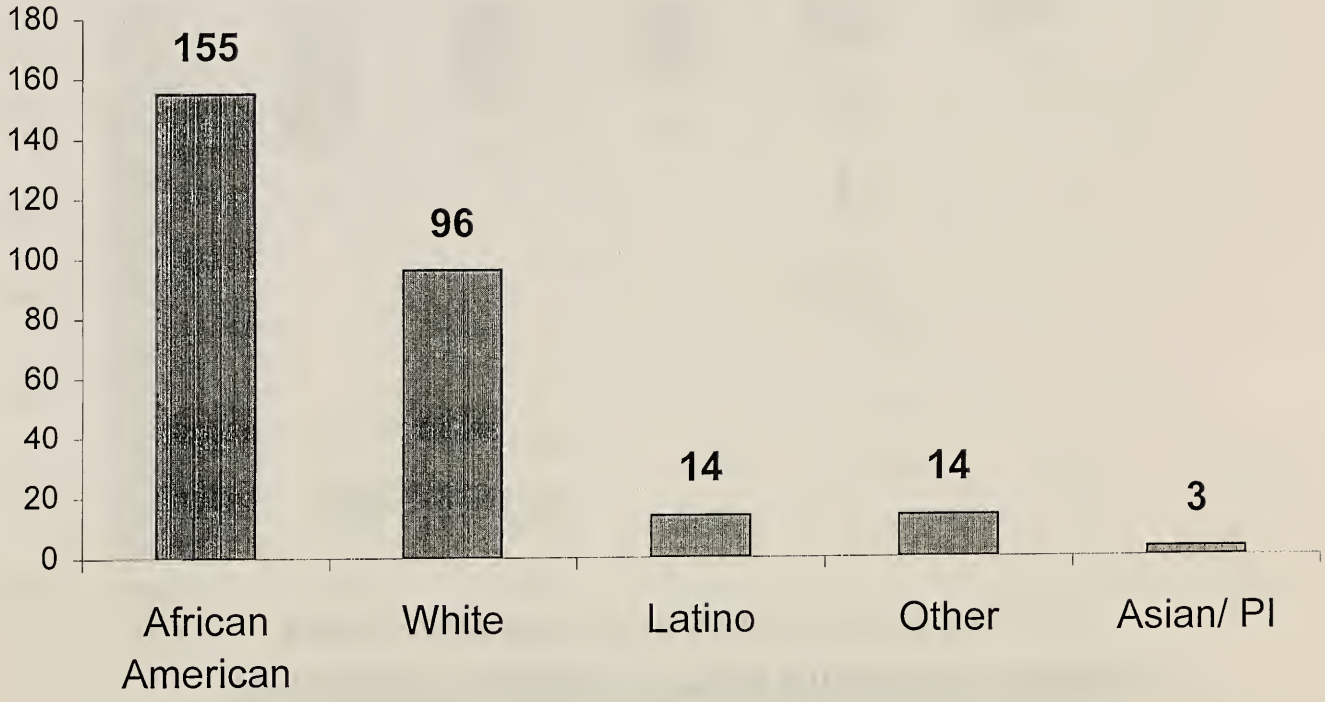
Estimates of the number of persons infected with HIV in San Francsico- 1997 Consensus Report



Estimated number of new infections in San Francisco from the Consensus Report



Estimated Number of HIV Infected Non-IDU Females- 1997 Consensus Report



Given a population size of almost 300, 000, how do you effectively target resources to reach non-IDU females at risk for HIV infection and prevent the 28 estimated new infections that will occur each year?

Methods-

Two surveys developed

A. HIV Prevention Service Specific Survey

- Sent to 15 AIDS Office funded HIV prevention providers serving non-injecting females

- 60% Response Rate

B. **General Social Service Survey**

- Sent to 56 agencies providing a range of social services to females including health care, substance abuse, emergency housing and shelter, food, and social support services

- 42.9% Response Rate

Measures

- Demographic Information of Female Clients Served?
  - Race / Ethnicity
  - Age
- Estimated % of HIV Positive Female Clients ?(SS)
- Estimated % of Female Clients at High Risk for HIV? (SS)

- Primary HIV Risk?
  - Sex with males
  - Sex with IDU males
  - Sex with substance-using non-IDU males
  - Sex with males who have sex with males
  - Sex with multiple male partners
  - Injection Drug Use (SS)
- HIV Prevention Interventions provided?
- Neighborhood?
- Languages?

- Other services (non-HIV)?
- What barriers prevent females from accessing HIV prevention services?
- Most effective ways to reach females?
- Types of programs needed to prevent HIV among females?
- Barriers to reaching females faced by agencies?

Findings

- Both HIV prevention and general social service agencies report serving a majority (>80%) of women of color.

- Both sets of respondents served at least 45% women under 25 years of age.

- Both sets of respondents served clients from a multitude of neighborhoods, not necessarily where the services were located.

- Both sets of respondents provided services in a variety of languages, over half in both English and Spanish.

- HIV providers report providing additional non-HIV prevention services.

- Less than half of each respondent sets report providing referrals to outside agencies.

- Over half of social service respondents report providing HIV prevention services specifically for females.

- Respondents of both surveys report providing numerous HIV prevention interventions.
  - Social service providers language makes it hard to categorize intervention type.
  - HIV providers responses suggest that interventions aren't specifically targeted towards specific risk behaviors.

- Respondents suggested a wide range of barriers preventing females from accessing HIV prevention services.

- Among the suggested programs needed to prevent HIV, respondents indicated a range of both HPPC interventions, and different approaches to prevention.

- Respondents reported a multitude of barriers faced by agencies trying to reach females at risk for HIV.

Limitations

- Mail-in survey responses may not be generalizable to all SF social and HIV prevention services.
- Low percentage of Asian and Pacific Islander women represented in HIV prevention specific survey.

- Lack of common language around HPPC definitions of interventions, populations, and behavioral risks.

- Primary risk behavior reporting does not clearly indicate primary HIV risk behaviors of clients.

- Lack of common language and understanding about HIV prevention leads to inability to determine what makes client population “high risk”.

- Data gaps based on inability to report client information regarding HIV risk behaviors.

- Although many social service agencies report providing HIV prevention services for females, the description of services provided makes it impossible to determine the type of intervention and the context for prevention.

- Language and descriptions of HIV prevention services indicates social service providers do not utilize HPPC prevention guidelines.

- Reported barriers preventing females at high risk for HIV from accessing prevention services were similar in both respondent sets, and repeatedly indicate female's more immediate needs as a barrier. However, only one respondent suggested addressing clients primary needs as an effective way to reach females.
- Unclear what prevents providers from addressing clients' immediate needs.

- The percentages of female clients at high risk for HIV infection were reported by >75% of social service provider, while only half were able to report clients' primary behavioral risks. It is unclear how they can estimate numbers of females at high risk for HIV if they are unable to report behavioral risk.

Recommendations

- Linkages need to be developed between social service providers and HIV prevention providers.
- Needs assessment sessions are an important step in tailoring prevention messages to fit a client's primary risk behaviors. Needs assessments should be a consistent component of HIV prevention interventions.

- Bring social service providers and HIV prevention providers together to discuss clients' needs and ways to address them and look for ways to collaborate.

- Trainings for non-AIDS Office funded HIV Prevention services on Behavioral Risk Populations, Interventions, and Documenting Client Risk Behaviors.

- It is unclear what kind of prevention is occurring, to whom, and what messages they are receiving. Further discussion of these issues are important to clarify.

- The AIDS Office should take the lead role and work in collaboration with social service providers and HIV prevention providers to facilitate cooperative efforts meeting clients' needs.

HIV PREVENTION PLANNING COUNCIL MEETING

September 24, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Barry Brinkley
Steven Sams
Toni Young

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Please read and bring:

- **Agenda**
- **Minutes of 9/10**
- **STD Annual Reports (Distributed at 9/10/98 Council Meeting)**

All Items Include Public Comment
Times for Agenda Items are Approximate

1. Food/Welcome/Introductions/Announcements	Barry Brinkley	3:00 - 3:15 PM
2. Review & Approval of Minutes from 9/10	Barry Brinkley	3:15 - 3:20 PM
3. Public Comment	Barry Brinkley	3:20 - 3:30 PM
4. HIV Prevention Director's Report -1998 Supplemental Award -New DPH Org. Chart -HIV Prevention Staffing Update	Barry Brinkley	3:30 - 3:45 PM
5. Prevention Case Management Evaluation-Introduction	Doug Sebesta	3:45 - 3:55 PM
6. Report from the Council Governance Task Force - Possible Concept Vote	Michael Bogan	3:55 - 4:40 PM
7. Break		4:40 - 4:50 PM
8. Plans for HPPC Involvement with the Women's Service Needs Assessment	Toni Young	4:50 - 5:00 PM
9. Presentation from the STD Prevention and Control Program	Jeff Klausner and Staff	5:00 - 5:55 PM
10. Closure and Evaluation		5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, **October 8, 1998, 3-6 PM**. First Unitarian Church, 1187 Franklin Street

HPPC Meeting - Thursday, **October 22, 1998, 3-6 PM**. First Unitarian Church, 1187 Franklin Street

SF DPH

HIV PREVENTION PLANNING COUNCIL
Minutes of September 24, 1998

HPPC:	Thurs., October 8, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.
	Thurs., October 22, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:
Marcos Bañales
Joan Benoit
Michael Bogan
Barry Brinkley
Carla Clynes
Manny DaCalanio
Elizabeth Davis
Dredge Byung'chu Kang
Stephen King
Jennifer Lorvick
Melinda Martin
Byron Mason
Mazdak Mazarei
John Newmeyer
Shawn O'Hearn
J. Colin Partridge
Jeff Poltl
María Rinaldi
Steven Sams
John Blake West
A. Toni Young

Members Absent:
Brenda Escobar
Dave Hubbard
Sacul L'Adnbre
Lauren Michaels
Henry Ocampo
Dawn Passar
Danielle Stringer
Steven Tierney

Parliamentarian:
Tony Leone

Leave of Absence:
Michael Discepola
Helen Miramontes

AIDS Office Staff:
Delia Garcia
Jimmie Naritomi
Tracey Packer
Mike Pendo
Peter Twyman

Polaris R & D, Inc.
Kweli Simone Ferguson

Guests:
Tracey Abernathy, YUTH
Bill Barnes, Mayor's Office
Al Cunningham, YITS Project
Jeff Klausner, SFDPH - STD Prevention and Control
Cynthia Laird, BAR
Jacqueline McCright, SFDPH - STD Prevention and Con.
Larry Meredith, DPH
Eskia Muhammad
Hank Wilson, Tenderloin AIDS Resource Center
Wendy Wolf, STD Prevention and Control

Technical Support Staff:
Michael DeMayo
Kristin DuBay

Process Evaluation Team:
Pali Basi
Ruel Caneda
Kathleen Roe
Kevin Roe
Alison Wakefield

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1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Barry B. welcomed the group and asked for a moment of silence. He then asked for member introductions and announcements.

Announcements:

Member Absences

- Brenda Escobar, Danielle Stringer-Shakur, Lauren Michaels, and Dawn Passar notified the Co-Chairs of their inability to attend this meeting.

John Newmeyer

- John is the author of Mid City Numbers, which publishes HIV statistics monthly. He shared his analysis of the Behavior Risk Assessment of the Haight Ashbury Clinic which conducted approximately 180 interviews. The results justify prevention case management. The results include distinctions between tops and bottoms in gay sexuality and prevention recommendations for oral sex.

Kathleen Roe

- The handout table has all the usual evaluation forms. The blue sheet is a special survey of the Cultural Competency Training held Tuesday, September 22nd. It also includes any suggestions for future Cultural Competency trainings. The ivory sheet explains the history of the Process Evaluation Team: who we are and what we do for the HPPC.
- This will be the last meeting for Pali Basi. She will be relocating to Sacramento for new employment.

John Blake West

- The HPPC brochure was reprinted, but contains a typo. "Principle" should be "principal" and will be corrected for the next reprint.
- John and his partner are hosting the 8th annual Pre-Folsom Street Fair Brunch on Sunday, September 27 from 10 AM to 2 PM. It will serve as a fund-raiser for the "AIDS Emergency Fund". They raised $3 thousand last year. Everyone is invited to attend. See John for more details.

Steven Sams

- The handout table has the brand new CDC Guidance. He asked all members to take a copy to read at their leisure and asked for any ideas or concerns surrounding what 1999 should look like.

Barry Brinkley

- Barry introduced Carla Clynes as the newest HPPC member. The Council extended a warm welcome to her.

Tracey Packer

- The Priority Setting Task Force will be conducting a special meeting on September 30 from 1 PM to 3 PM at the AIDS Office. The purpose of the meeting will be to discuss supplemental funds, Component B, Minority CBO. Originally $340 thousand was requested and $96 thousand was received. She invited all members to attend the meeting to determine how to prioritize and maximize funds for the five populations outlined. Only Priority Setting Task Force members will vote.

Technical Support Staff and Guest Introductions

2. APPROVAL OF THE MINUTES FROM SEPTEMBER 10:

- María R. stated that section 6: Presentation on the Assessment of HIV Prevention Service Needs for Women, did not capture all the points discussed. Toni asked María if she would consider the discussion to be more detailed in the minutes of September 24. She agreed.
- Page 2, Paragraph 2, second sentence should read: "The event is designed to introduce Youth United Through Health Education to the Bayview community and to highlight youth organizations."
- Page 2, Paragraph 2, second bullet, first sentence should read: "A Town Hall meeting scheduled for October 8th from 5 PM to 7 PM will be held to discuss giving the data from a telephone survey back to the community."

- Page 6, Paragraph 9, second sentence should read: "John N. explained that the goal was achieved in part because recent estimates were lower."

The minutes were approved with 11 in favor and 6 abstentions.

3. PUBLIC COMMENT

Bill Barnes, Mayor's Office

- Thirty-two of the two-hundred recommendations of the mayor's summer preliminary report are linked to HIV prevention. The mayor's office plans further discussion to determine how these recommendations will be supported. The recommendations that are the perview of the planning body, the mayor's office would like to ensure they are considered and that no other recommendations conflict with them. Bill requested the opportunity to present the recommendations for twenty or thirty minutes to the Council at a later date.

- He also asked what was the progress update on convening the Community Advisory Board on the HIV Positive Demonstration Project. Tracey P. responded that component C of the Supplemental funds for 1998 is for HIV primary prevention. Based on the preliminary notice of award, planning has already begun. Hiring for the Community Advisory Board will begin once the actual award is received. The CAB will act as a body for the HPPC.

4. HIV PREVENTION DIRECTOR'S REPORT (Barry Brinkley)

- 1998 SUPPLEMENTAL AWARD

The handout table contains copies of the 1998 Supplemental 804 Fund. The CDC recently sent a preliminary award notice for a one time only addition of $129 thousand for this Supplemental. The initial award was for $1.1 million. The additional $129 thousand will be dedicated to two categories: Category B. Minority CBO's and Category C. Priority Prevention Services to HIV-Infected Individuals. The total of Supplemental funds now equals $1.2 million.

The CDC also sent a notice of carry-over fund awards from 1996. One-hundred sixty-six thousand, eight-hundred and fifty-eight dollars was the amount originally applied for. It was to cover youth peer education training, community forums - outreach committee, and to offset the media costs of supplemental programs. This has now been fully funded.

The request for 1997 unobligated funds in the amount of $547,684 has been approved and the notice of award has been received.

- NEW DPH ORGANIZATIONAL CHART

The revision to the Department of Health Organizational Chart exists with Jimmy Loyce who is now serving as liaison between the branches of the Public Health Department. The revised chart was sent with the application to the CDC. Barry B. thanked the AIDS Office staff, HPPC members, with special thanks to Ellen Goldstein for the contributions in the completion of the application that was sent the morning of September 24th.

- HIV PREVENTION STAFFING UPDATE

Steven S. announced that Jimmie Naritomi has resigned from the HPPC, and is now on staff at the

AIDS Office serving as Management Assistant to the Co-Chairs in their communication process. He will also serve as the S.P.O.C. person in that regard.

5. REPORT FROM THE COUNCIL GOVERNANCE TASK FORCE - POSSIBLE CONCEPT VOTE (Toni Young)

The Governance Task Force began with a presentation in the form of transparencies that detailed its accomplishments and future goals.

Headings included:

Governance Task Force - a description of the goal to be accomplished at it's inception in July 1998;

What are all these documents anyway? - the HPPC documents of governance are described;

Work of the Governance Task Force over the past two months - the Task Force began by reviewing the documents to determine what changes would have to be made to the bylaws;

Process of analysis - the group looked at the areas that each of the documents covered and the differences and/or conflicts within them. The Task Force faced challenges within this area since the bylaws were not yet up-to-date and many changes have taken place;

History of the Brown Act/Sunshine Ordinance and the HPPC - the Task Force had to be familiar with all rules and bylaws to determine the Brown Act and Sunshine Ordinance impact;

Differences in intent between Brown Act, Sunshine Ordinance and CDC Guidance - conflicts within this section were especially important to resolve because one can not have a greater authority of the other. All three bodies must be in partnership;

Where is Governance Now - the group is prepared to begin updating the bylaws to reflect current practice - but can't make future changes until planning for next year's process is complete;

Where is Governance now (cont.) - the group is prepared to draft, for HPPC review, Standard Rules to reflect current practice - but can't make future changes until planning is complete. This would supersede the Roles and responsibilities document;

Where is Governance now (cont.) - once the tasks are complete the group can outline for the HPPC the changes which would need to be phased in to both the bylaws and SR if the HPPC chooses to continue to abide by the Brown Act and Sunshine Ordinance. They would then present suggestions to the Council on bylaw revisions.

Members focused their discussion on the impact of the Brown Act and the Sunshine Ordinance on proxy voting. Tony L. replied that proxy voting may or may not be possible. It has yet to be determined how the Brown Act works with CDC guidance. He stated further that the intent of the Brown Act is to conduct public business in full view of the public. Proxy voting by definition undermines this process. Steven S. recalled that the membership application does not require the applicant to divulge their HIV status. With this in mind, the Membership Committee brought forward the amendment to the bylaws on proxy voting in such a way as to allow proxy voting for all members under certain circumstances. He also noted that the bylaws already include all life threatening illnesses, not just HIV. He asked if it was this inclusion of all HPPC members in the definition that caused the conflict. Tony responded that proxy voting for the ill is acceptable by the City Attorney's Office for members who are active, but the conflict arises when the voter is not asked to reveal HIV status when voting proxy.

The Governance Task Force made a motion to the Council for a concept vote to continue its work through January. The motion reads as follows:

- The Governance Task Force makes a motion to revise the bylaws and the Standing Rules

which have been updated to include (but not limited to) the new CDC guidance, current practices, Robert's Rules of Order, the Roles and Responsibilities document, and operating procedures.

- The Governance Task Force would present to the full HPPC, changes that would need to be phased into the bylaws and Standing Rules to accommodate the Brown Act and the Sunshine Ordinance if the HPPC should choose to do so.

Before the Council voted, Delia G. reported the Council convened the Task Force for two months. The AIDS Office had to find resources for the Task Force during that time. The Council should know that if they vote to continue the Task Force, there will be almost no resources.

The motion was approved with 16 in favor and three abstentions.

Toni Y. opened up membership to anyone interested in joining the Governance Task Force. The next meeting will be held October 14 from 3 PM to 5 PM at the AIDS Office.

6. Break: 4:10 PM - 4:30 PM

7. PLANS FOR HPPC INVOLVEMENT WITH THE WOMEN'S SERVICE NEEDS ASSESSMENT (Toni Young)

In 1997, the HPPC prioritized and obtained funding for a special women's services assessment. The Supplemental Task Force, prioritized females who have sex with males. One of the challenges faced by the Task Force was to determine how to effectively target this group who are at high risk for HIV.

Toni Y. explained that the results from the assessment were different than the expectations of Council members since it did not provide the level of information initially requested. In order to develop a process to gain the necessary information to allocate funds, the Steering Committee will determine how the services assessment will be addressed.

María R. added that the services assessment was to determine the best intervention strategy for women who have sex with men. She explained that the services assessment took 1 year to complete and the results are the same as when it started. At the HPPC meeting of September 10th, she wanted to make a motion that something be done about the services assessment immediately. Under the Brown Act, she was unable to do so because the two HPPC agendas that followed were full. Toni Y. asked María R. whether her concerns and the Women's Services Assessment could be addressed by the Steering Committee. María R. thought the HPPC should have the opportunity to vote on this before the Steering Committee accepted this responsibility. Toni Y. explained that it has been made the responsibility of the Steering Committee, which can best utilize time and resources. María R. further commented that the $100 thousand not allocated for the FSM population is "criminal". She explained the HPPC should not get trapped in bureaucracy.

Tracey P. commented that there was approximately $235,000 that came out of the Supplemental that was set aside for methamphetamine users and women who have sex with men. The results of the services assessment was to address how those dollars should be allocated. Not all women are at highest risk within the FSM population. The services assessment was to determine which women were at highest risk and how to reach them. This was to be done by surveying HIV-specific providers and social service agencies regarding who they were reaching and how they were

reaching them. Funds are still available.

Members seemed to support the concerns of María R. Many felt the time spent on the services assessment was wasted based on the information that resulted. The focus of the HPPC should be redirected towards HIV prevention and less on bureaucracy. Members felt that more meetings jeopardize this focus. Other populations that have been studied also have services, and didn't need a task force for funds to be allocated. The same should hold for the FSM population. Members expressed concern that the process is not moving to service this population.

María R. felt the services assessment needed to be made a priority agenda item. Toni Y. agreed the services assessment is a priority, but since it would involve the letting of funds, it requires more than just being put on the agenda. A process of checks and balances is also required. Results from the Steering Committee will be reported to the Council on October 8th.

All members are invited to attend the next Steering Committee meeting to be held Thursday, October 1st from 4 PM to 6 PM at the AIDS Office.

8. PRESENTATION FROM THE STD PREVENTION AND CONTROL PROGRAM (Jeff Klausner)

Jeff K. began the presentation with the epidemiology and trends of STD's in San Francisco especially the dramatic reductions in bacterial STD's since the late 1970's and the early 1980's. The purpose of the presentation is to show how these trends will have an impact on HIV prevention efforts. Mr. Klausner presented the Council with charts to show the decreases in today's STD's from it's peak.

Regarding gonorrhea:

- The rates of rectal gonorrhea in men by the half year point have steadily increased since 1994. This has occurred in the City Clinic population as well as populations tested elsewhere. It can be attributed to an increase in prevalence and transmission. It serves as the best marker for unsafe sex practices.
- Forty percent of the above mentioned population were among HIV infected individuals. HIV infected individuals are not part of the dramatic increase for rectal gonorrhea but do indicate unsafe sex practices.

Regarding chlamydia:

- Trends are more difficult to analyze due to the changes in testing procedures from the use of swabs to urine testing.
- The accuracy of new testing results shows an increase in chlamydia cases from 1996 to 1997. With more testing, there are more cases.
- Chlamydia infection is a major cause of infertility amongst women and chronic pelvic pain amongst both women and men. It has also been linked with increasing HIV transmission by three times.
- Chlamydia occurs more often in adolescents because the anatomy of the adolescent female makes her more susceptible. More specifically African American female adolescents which studies show have an earlier initiation into sexual activity, increased likelihood of partners, and a higher prevalence in the network.
- Since adolescents are targeted for this infection, City Clinic is currently working with the school board to establish a testing program that would require a urine test and a one dose treatment. Studies indicate that mass STD treatment can reduce HIV transmission.

Regarding syphilis:

- Syphilis cases parallel gonorrhea trends.
- Since syphilis is at it's lowest point in the U.S., the CDC has called for it's elimination.
- Animals are not susceptible to syphilis. If it can be eliminated in humans, the disease can be eradicated.
- San Francisco has an endemic amount of syphilis cases. It has decreased dramatically since 1989 and 1990, possibly due to the decrease in crack cocaine use or control efforts.

City Clinic is the only municipal STD clinic is San Francisco. In California, only 10 exist. The clinic sees 17 thousand new patients a year. It has committed itself to making dramatic changes in the areas of STD's. It's goals and accomplishments from June to September 1998 have been outlined in the transparency packet.

Steven S. asked if there were any statistics that indicated whether the increase in gonorrhea infection were associated with repeated infections or individuals newly moved to San Francisco. Jeff K. responded that twenty percent of the infections were repeated. Information is not collected on how long an individual has lived in San Francisco, but syphilis infections can be directly associated with imported infections.

Marcos B. asked whether City Clinic and the STD Prevention and Control had any plans to increase staff. Jeff K. explained that a plan was submitted to the CDC three weeks ago to expand screening.

Jennifer stated that the lowering barriers were impressive. She asked how long it took to receive chlamydia results. Results can be received usually within a week, depending upon the lab.

Dredge K. asked how migration into San Francisco affected STD rates especially with gay men into San Francisco and the migration from other countries into San Francisco. Jeff K. explained that people migrating from other countries increases the syphilis rates. Traditionally people coming from other countries have never been tested before. For men the risk of exposure to gonorrhea is oral sex. Many men do not realize they can become infected from oral sex. He was unsure how imported infections relate to that risk.

Jeff K. asked the support of the HPPC before presenting to the Health Commission. Support is needed to implement STD testing programs within the schools. He is going to meet with Barry B. to discuss multiple levels of intervention. The priorities of health educators do not seem to be with STD prevention and testing. He proposed possible mandatory screening for students entering grades 9-12. He explained that the support can not come from a political arena, but from parents. HPPC members were asked for their support in the form of correspondence with lawmakers and school officials.

Hank Wilson of the Tenderloin AIDS Resource Center explained the importance to report data back to the community. He explained the community will "self-correct" as long as they have the information. He requested that the community be notified everytime gonorrhea rates increase. Jeff K. recommended that there be a five minute STD update put on the HPPC agenda. He proposed that there also be an STD column similar to the HIV column in The Chronicle newspaper. It would allow for discussion on treatment issues and research. He suggested that any HPPC

members who have contact with Michael Salinas of BAR, recommend the idea. And he announced a press release will be issued after the presentation to the Health Commission. Steven S. asked that any information regarding STD's should be shared with the HPPC which could be mailed with the minutes.

9. CLOSURE AND EVALUATIONS

Adjourn: 5:55 PM

Attached to minutes for absent members:

- 1998 CDC Guidance
- Supplemental 804 Funds Chart
- Governance Task Force transparencies
- STD Prevention and Control transparencies
- SF STD Prevention and Control Services Update (June-September 1998)
- Ongoing dialogue between Shawn O'Hearn and Jeff Klausner, Director of the STD Prevention & Control
- San Francisco HIV Prevention Planning Year 5 Process Evaluation history sheet
- Participant Dialogue, 9/10/98. Meeting #17
- Special Survey: Cultural Competence Training

HIV PREVENTION PLANNING COUNCIL MEETING

October 8, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Barry Brinkley
Steven Sams
Toni Young

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Please read and bring:

- Agenda
- **Minutes of 9/24**
- **Priority Setting for 1998 Supplemental Funding**
- **Recommendations for Women's Programs**

All Items Include Public Comment

1.	Food/Welcome/Introductions/Announcements	Toni Young	3:00 - 3:15 PM
2.	Review & Approval of Minutes from 9/24	Toni Young	3:15 - 3:20 PM
3.	Public Comment	Toni Young	3:20 - 3:30 PM
4.	Letter of Support for STD Prevention and Control - **Vote**	Steven Sams	3:30 - 3:35 PM
5.	Report from the Priority Setting Task Force on 1998 Supplemental Funding for Component B: Minority-Based Organizations - **Vote**	Bill Barnes	3:35 - 4:05 PM
6.	Break		4:05 - 4:15 PM
7.	Presentation on the HIV Health Services Planning Council	Tom Calvanese, Will Carter, and Diane Jones	4:15 - 5:15 PM
8.	1997 Supplemental Funding for FSM - **Vote**	Maria Rinaldi	5:15 - 5:55 PM
9.	Closure and Evaluation	Toni Young	5:55 - 6:00 PM

Note: All meetings are open to the public and are held in handicapped accessible facilities.

All times are approximate and used only as a guide.

UPCOMING MEETINGS

HPPC Meeting - Thursday, **October 22, 1998, 3-6 PM**. First Unitarian Church, 1187 Franklin Street

HPPC Meeting - Thursday, **November 12, 1998, 3-6 PM**. First Unitarian Church, 1187 Franklin Street

DPH

HIV PREVENTION PLANNING COUNCIL
Minutes of October 8, 1998

HPPC:	Thurs., October 22, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., November 12, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:
Marcos Bañales
Michael Bogan
Barry Brinkley
Manny DaCalanio
Elizabeth Davis
Brenda Escobar
Dave Hubbard
Jennifer Lorvick
Melinda Martin
Byron Mason
Mazdak Mazarei
Lauren Michaels
John Newmeyer
Shawn O'Hearn
Henry Ocampo
J. Colin Partridge
Dawn Passar
Jeff Poltl
María Rinaldi
Steven Sams
Danielle Stringer
Steven Tierney
John Blake West
A. Toni Young

Members Absent:
Joan Benoit
Carla Clynes
Dredge Byung'chu Kang
Stephen King
Sacul L'Adnbre

Parliamentarian:
Tony Leone

Leave of Absence:
Michael Discepola
Helen Miramontes

AIDS Office Staff:
Jimmie Naritomi
Tracey Packer
Peter Twyman

Polaris R & D, Inc.
Kweli Simone Ferguson

Guests:
Bill Barnes, Mayor's Office
Tom Calvanese, CARE Council
Al Cunningham, YITS Project
Scot Hammond
Thomas Simpson, AFRO SOLO
George Sunsol, AIDS Coordinator

Technical Support Staff:
Michael DeMayo
Kristin DuBay

Process Evaluation Team:
Kathleen Roe
Kevin Roe
Alison Wakefield

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1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Toni Y. welcomed the group and read a passage from "A Different Drum" of community making and peace to remind members of the collective purpose for HPPC.

Announcements:

Member Absences

- Stephen King, Carla Clynes, and Dredge Byung'chu Kang notified the Co-Chairs of their inability to attend this meeting.

Steven Sams

- Both Danielle Stringer and John Blake West have been publicly recognized. Danielle has been recognized for her current fund-raiser in this week's BAR. John Blake West was interviewed by the American Press regarding his personal situation, bounceback and recoveries.

John Newmeyer

- This month's issue of "MidCity Numbers" is a rich source of data provided by the behavior risk assessments. It is a valuable tool for the Haight Ashbury Clinics.

- John N. ,Mike Pendo, Michael Collins, and all others involved with BRA data gathering will convene within the next month to discuss how other agencies can benefit from this information. Copies of MidCity Numbers were available on the handout table.

John Blake West

- Joan Benoit has traveled to Michigan on personal business.
- The Membership Selection Committee convened October 7th to process the recommendations from last week's nominations. They are currently in the process of screening the nominees before submission to Mitch Katz.
- John and his partner hosted the 8th annual Pre-Folsom Street Fair Brunch on Sunday, September 27 from 10 AM to 2 PM. It served as a fund-raiser for the "AIDS Emergency Fund". They collected over $3,700 in donations.

Steven Tierney

- Steven announced the 1998 Unity Jam to be held October 16 from 9 AM to 5:30 PM at the Civic Center Ramada Hotel. Seven-hundred kids attended the event last year for the high-school-aged. He encouraged members to attend and invite to any youth they knew. Flyers were available on the handout table.
- Copies of "Vital Signs", a magazine for the gay, bisexual, lesbian, and transgender communities, were available on the handout table

J. Colin Partridge

- The meeting to discuss the agencies providing the BRA is scheduled for the first week in November. All HPPC members are invited to attend.

Mazdak Mazarei

- Asked that members read his article in "Vital Signs".

Dave Hubbard

- Serving as program consultant for the State Office of AIDS , he apologized for his absences due to the budget for the last four meetings. Now there is a budget, and he is back.

Tracey Packer

- The providers meeting on the BRA, mentioned by J. Colin Partridge and John Newmeyer, will be held Monday, November 9 at the Port of Oakland.

Barry Brinkley

- Carla Clynes is attending a conference in Chicago.

María Rinaldi

- A letter regarding comments from the dialogue box was passed out to all members.

Danielle Stringer-Shakur

- The Lyric sponsored event, "Out of the Closets & into the Sheets IV" will be held Saturday, October 10 from 11 AM to 6 PM at the Harvey Milk Civil Rights Academy. It is a free health fair and day long celebration for Queer and Questioning women 25 and younger. A dance will follow.

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Technical Support Staff and Guest Introductions

Al Cunningham, YITS

- Commented on the newsarticle reporting the vast reduction in AIDS cases that unfortunately obscures the epidemic's impact on person's of color. He encouraged anyone with the same concerns to express themselves.

Bill Barnes, Mayor's Office

- The Mayor's Office is moving to implement the recommendations from the Summit. He asked the opportunity to call upon HPPC members for help with the more difficult recommendations.

Thomas Simpson, AFRO SOLO

- A theater producer and director is interested in getting artists involved combating AIDS in the African American community.

Jimmie Naritomi, AIDS Office

- The AIDS Office has two books available for loan to HPPC members, The Facilitator's Guide to Participatory Decision Making, and The Skilled Facilitator. Anyone interested should call Jimmie Naritomi at (415) 554-9497.

2. APPROVAL OF THE MINUTES FROM SEPTEMBER 24:

- Shawn O'Hearn announced that the ongoing dialogue with Jeff Klausner, Director of STD Prevention and Control submitted with the minutes of September 24th should be sent to all agencies that the HPPC corresponds with instead of just absent members. Toni Y. suggested they be mailed with the minutes of October 8th. Shawn O. agreed.

The minutes were approved with 14 in favor and 5 abstentions.

3. PUBLIC COMMENT

No public comment.

4. LETTER OF SUPPORT FOR STD PREVENTION AND CONTROL - VOTE (Steven Sams)

At the last meeting Jeff Klausner, Director of STD Prevention and Control, presented the epidemiology and trends of STD's in San Francisco especially the dramatic reductions in bacterial STD's since the late 1970's and the early 1980's. The purpose of the presentation was to show how these trends will have an impact on HIV prevention efforts. During that presentation he asked the HPPC to support the sharing of STD statistics by contacting lawmakers and school officials. Steven S. submitted a motion for a letter of support from the HPPC Council. Copies of the motion were passed to members. It reads:

I move that the HPPC authorize the Co-Chairs to author a letter in support of the work of Dr. Jeff Klausner and the STD Unit of DPH.

The letter will request the support of the Board and in particular the support of Supervisor Yaki for Dr. Klausner's effort to bring STD education and prevention into the schools, and will emphasize to Mr. Salinas of the B.A.R. the need for continual community updates on STD treatments and trends, the rates of STD's and their relationship to HIV prevention efforts, and the need for STD/HIV referral information and partnerships.

The motion was approved with 20 in favor and 1 abstention.

5. REPORT FROM THE PRIORITY SETTING TASK FORCE ON 1998 SUPPLEMENTAL FUNDING FOR COMPONENT B: MINORITY-BASED ORGANIZATIONS - VOTE (Bill Barnes)

Bill acknowledged the hard work of everyone on the Priority Setting Task Force.

On September 30th, the Priority setting Task Force held a special meeting to consider options to identify priority populations to be targeted by minority CBO's in 1998 and 1999 and to make a recommendation for a vote to the HPPC on October 10, 1998. Bill B. presented these recommendations to the Council on overhead transparencies.

The Task Force prioritized the following approved BRPs/sub-populations to be reached through minority community-based organizations with 1998 Supplemental funds:

Behavioral Risk Populations (BRPs)

1. **MSM-IDU;**
2. **MSM/F-IDU;**
3. **MSM;**
4. **MSM/F who are:**

- **African American and over 30 with a focus on over 40 and transgender (pre-op MTF, post-op FTM) and,**
- **Latino and over 30 with a focus on over 40 and transgender (pre-op MTF, post-op FTM) and immigrants.**

The supplemental funding application requested $340,000 to reach the populations outlined above ($320,000 for prioritized populations and $20,000 for capacity building technical assistance through current OD/TA contractor [Support Center]). The Task Force had to determine whether less than half of the amount requested would be enough to fund all the BRPs. The above list was developed when it was recognized that it would not.

The AIDS Office was notified by the CDC that San Francisco will receive: $139,879 in 1998; $96,696 in 1999; $96,696 in 2000.

- Capacity building consultant minimum of $10,000 each year to accomplish goal.
- 1998 dollars must be encumbered in 1998 but can be spent in 1999. 1999 dollars will be received by 1/1/99. The first contract will run from December 29, 1998 to December 28, 1999. The second contract for 1999 will run December 29, 1999 through December 28, 2000 and continue this way for subsequent years.

The Priority Setting Task Force adopted three positions:

1. Given the available data, what is known about incidence, and what is known about available services, the Task Force thought it best to fund programs to reach African American and Latino transgender populations within BRPs 1-4.
2. Minority CBO's receiving these supplemental funds must demonstrate their experience working with and capacity to provide both individual and group interventions to transgendered populations.
3. The HPPC recommends to the Community Advisory Board (CAB) created under Component C (HIV Prevention for Positive Individuals) of the Supplemental Application that African American and Latino MSMs over 30 with a focus on MSMs over 40 and Latino immigrants be part of the target populations with the additional $800,000.

Bill B. explained that one population was not prioritized over another, all the sub-populations are in need of services. However, the $139,000 will be directed to programs that can demonstrate results and prevent HIV.

MOVE TO ADOPT RECOMMENDATIONS
Steven S. moved to adopt the recommendations and John Blake W. seconded.

GROUP DISCUSSION
Lauren M. - How do these recommendations affect young people who are HIV+ and transgendered?
Bill B. - The Primary HIV Prevention for HIV Positives Demonstration Project has three components. Some of the components are about testing people, specifically those who do not already know their HIV status need to be linked with testing programs. The CAB will determine how funds are spent for interventions. The purpose for targeting populations over 30 was to ensure they would not fall through the cracks. It is not being suggested that all the money should go in this direction. Tracey P. and Barry B. will be convening the CAB shortly, and HPPC members are invited to attend.

The CDC Supplemental designated that funds be allocated to agencies that are minority-based. That means that 50% +1 of Board and Staff are minority populations. This extra help will allow for better collection of data and will assist agencies to run more efficiently. Not only will the targeted populations receive help, but the minority-based organizations will as well.

The term "immigrants" has no specification other than Latino immigrants. It will be the responsibility of the providers to determine where is the greatest need for supplemental dollars. Transgender populations and immigrants are separate populations. Immigrants and MSMs over 40 are being recommended for funding through Component C not minority CBOs. The CDC was much more specific this year about what could be funded with supplemental dollars. The CDC tap has been fully restored to $176,000. In the Primary Prevention for HIV Positives Project, there are no restrictions on who can be targeted. In fact, the Guidance specifies that traditionally underserved communities be served. Approximately $800,000 was received for Primary Prevention for HIV Positives in 1998 which will decrease to $704,328 next year.

Members raised concerns that other immigrant populations were not being considered for the supplemental funds. The CDC designated African American and Latino populations based on the actual number of cases throughout the country, and a survey conducted where these two groups had a disproportionate number of cases. The CDC set aside funds specifically for these two groups. Members stated that the CDC should be made aware of the needs of other immigrant

populations, and asked that the CDC be informed of the concerns of the HPPC. Toni Y. suggested that a letter to find resources to collect data be put on the next agenda. Tracey P. responded that it may be better to invite representatives from Surveillance and CYRO/EPI to meet with the HPPC to explain how and what data is collected before searching for resources.

VOTE: ACCEPTING THE RECOMMENDATIONS

The Priority Setting Task Force recommendations for the motion are as follows:

1. **The HPPC recommends the HIV Prevention Section fund programs that target transgendered African American and Latino persons within BRPs 1-4.**
2. **The HPPC recommends to the Community Advisory Board (CAB) created under Component C (HIV Prevention for Positive Individuals) of the Supplemental Application that African American and Latino MSMs over 30 with a focus on MSMs over 40 and Latino immigrants be part of the target populations.**

The second recommendation does not preclude any other groups from being part of the target population but specifies that the groups the Council targeted before be included in Component C. More specifically, it is the recommendation that parts of Component B should be considered in Component C based on the reduced award received. The process to convene the CAB has not begun, but the resources are secure.

The motion was approved with 14 in favor, 4 opposed, and 3 abstentions.

6. Break: 4:15 PM - 4:30 PM

7. PRESENTATION ON THE HIV HEALTH SERVICES PLANNING COUNCIL (Tom Calvanese)

Tom C. met with the HPPC to begin the process of bringing the two planning bodies (HPPC and the Health Services Planning Councils) together to identify gaps and present them to the Health Department and foster closer relationships within the Department. The Health Services Planning Council also known as the CARE Council is mandated under federal legislation, the 1990 Ryan White CARE Act. The Act is authorized for four years and like the HPPC, there is an annual prioritization process that is sent to HRSA (Health Resources Services Administration) instead of the CDC. Implementation usually proceeds around the first of the year.

Tom C. discussed the structure of the Council and passed out the first page of the CARE Council's bylaws. He explained there was consistent dialogue between the Council and the grantee and it became unclear what the role of the Council was, what the grantee's role was, and what the role of the CEO was. CARE reviewed the structure of the Council two years ago and decided to go back to the CARE Act legislation and incorporate the section on the duties of the CARE Council and incorporate them into their bylaws as their purpose. The roles became clear. The bylaws passed around refers to the actual duties of the CARE Council as mandated by Congress. These five sections were separated into objectives and CARE restructured to accommodate them.

He explained this information to share that with large bodies like the CARE and HPPC Councils, it's easy to become distracted about roles when they are left to interpretation.

Since 1995, there has been an aggressive effort to recruit HIV+ individuals to be representative of the people the CARE Council is serving. In the past the Council was driven by the Health Services branch of the department. The contractor's seemed to run the Council. He explained that with

community planning there should be planning, implementation, and evaluation. Evaluations should feedback into the planning period so there is a consistent building. There should be a boundary between planning and implementation, and evaluation looks at checks and balances.

He explained that setting up a budget around services creates a fragmentation between them. The way to address this fragmentation is by looking at individual problems and integrating services, CARE and HPPC. He asked if the HPPC would like to collaborate on a comprehensive needs assessment that CARE is in the process of planning for. CARE just completed it's planning process and is beginning it's implementation process. Their fiscal year begins March 1st and the Plan will include a number of initiatives that will be addressed with a bidding process to change the existing service array and may also provide opportunities for some collaboration by bringing the funding streams together to create a more integrated approach.

GROUP DISCUSSION

Members asked how the CARE Council established community input.
Section 5 of the bylaws speaks to establishing methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels. In the past and once a year, CARE would sit in the Health Commission chairs and people were invited to dialogue. This proved not to be an effective method for community outreach because the contractor's would gather together their clients and have them lobby for their organizations. Forums are now held twice a month focusing on women, African Americans, Latinos, and the Tenderloin community. **The next forum for the Latino community will be held on October 28th at the Brava Theater from 6:30 PM to 8:30 PM. Another forum for youth will be held on October 29th at Hi-Fi on Market Street from 12 PM to 2 PM.** This may be another opportunity for CARE and HPPC to collaborate and share resources.

Members asked about the CARE Council's process for selection.
There are three steps involved in the selection process:

1. **An open nomination process.**
2. **The Membership Committee makes it's recommendations to the Council.**
3. **The recommendations are passed along to the Mayor's Office.**

Anyone can submit an application, however since there is recruitment of HIV+ persons and consumers of service, the membership selection process is not open to staff members. Under the CARE Act, the Council is mandated to have different types of service providers and to reflect the demographics of the epidemic. There are currently 37 seated members. The Latino and Native American communities are underrepresented and the Council has had difficulty maintaining that representation.

Tom C. explained that because CARE is bound by legislation, the EMA, the Mayor makes the final appointments but can not appoint without recommendations from the CARE Council.

Tom C. explained that should he step down from the Council, the linkages he spoke of earlier will affect the people the Councils serve. He stated that sometimes it takes stepping away if you have done what you set out to do to see if it actually works.

Bill B. reported that the guarantee is not the Health Department but rather Willie Brown and the two councils have different ways their funds are allocated.

8. 1997 SUPPLEMENTAL FUNDING FOR FSM - VOTE (María Rinaldi)

María Rinaldi, Barry Brinkley, Toni Young, Steven Sams, Byron Mason, John Blake West, Tracey Packer, Peter Twyman, Delia Garcia, Mike Pendo, Michael DeMayo, and Deborah Oliver met to determine how funds would be allocated for women's services.

María R. presented the recommendations from that meeting on overhead transparencies. There is $100,000 set aside for the target population FSM. The recommendations do not include FSM's who are IV drug users or over 30 years. of age. The recommendations read as follows:

The target populations are African-American and Latina women under 30 years of age who are sexual partners of needle-using, incarcerated men or men who are in and out of the criminal justice system; are commercial sex workers; and have high pregnancy/ STD rates and are not part of the city clinic system. Forty-five percent of clients served must be between the ages of 12 -18 years. If the clients are transgendered, they must be MTF post-op or FTM pre-op (BRP #10).

Women under 30 years of age were selected. There are many providers who provide services to clients under 30 but very few who provide services to females 12 - 18 years of age. Since they are the most difficult to reach for services this age group is specifically underserved.

The target neighborhoods/geographical areas of San Francisco include Bayview Hunter's Point, the Western Addition, the Mission, and the Tenderloin.

The target interventions would be determined by the providers and exclude large media and CTRPN. (Large media and CTRPN are being funded elsewhere.)
Contracts would be recommended to the AIDS Office to award funds through an augmentation process (agencies already receiving AO prevention funds) using 1997 supplemental criteria. The agencies would receive an additional $10,000 provided they demonstrate strong linkages with social service and health service agencies.

GROUP DISCUSSION

Lauren Michaels recommended a parental linkage for targeting females 12 - 18 years of age. He stated this group may be difficult to target if they do not have the support of parents. He stated further that transgender MTF post-op may yield low numbers because the costs for sex change operations are expensive. María R. stated that she felt the transgender population should be addressed separately but the Council is guided by the 12 BRPs. She explained that MTF pre-op are to be served through another BRP.

The African American and Latina women have the highest rates of incidence for HIV transmission. They were prioritized for Supplemental funding for this reason. Dawn Passar expressed personal disappointment at the fact that Asian/Pacific Islander women were not considered and once again "fallen into the gap". She stated she would like to see the HPPC prevent the A/PI community from "falling into the gaps" in the future.

Bill B. stated his concern that Native American women were not included since they have a higher incidence of HIV transmission than Latina women. He stated further that the target group of females 12-18 years of age is more at risk for STD infection and early pregnancy than HIV transmission. If this group is be targeted for HIV intervention, many have had no prior testing. He reported that the commercial sex workers south of market should be included with the target

neighborhoods.

Elizabeth D. reported that Youth United Through Health Education served 265 African American youth under 18 years of age through street based outreach disseminating STD prevention information and condoms. She stated that all youth should be served irregardless of any affiliation with the city clinic system especially if they are seeking help through street outreach. She proposed a friendly amendment to change the language to:

The target populations are African American and Latina women under 30 years old who are sexual partners of needle using, incarcerated men or men who are in and out of the criminal justice system; are commercial sex workers, and have high pregnancy/STD rates and are part of and not part of the city clinic system.

Danielle suggested that the intervention address issues of self-esteem and self-respect building to avoid continuing the above-mentioned situations, particularly working with young women. María R. proposed this suggestion be another friendly amendment to the motion.

The motion was approved with 13 in favor, 1 opposed, and 3 abstentions.

9. CLOSURE AND EVALUATIONS

Adjourn: 6 PM

Attached to minutes for absent members:

- MidCity Numbers: A Monthly Bulletin of AIDS-Related Statistics
- 1998 HPPC Committee and Task Force Members list
- 1998 HPPC Calendar
- Vol. 1 No.7 COMMITTEE UPDATE Newsletter
- 9/24/98 Participant Dialogue
- October 1998 CDC Update
- HIV Health Services Planning Council for the San Francisco EMA bylaws
- October 16 Unity Jam
- Best of Bayview: United We Stand 1998
- Training of Trainers Phase II

HIV PREVENTION PLANNING COUNCIL MEETING

October 22, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by:	**Co-Chairs:** Barry Brinkley Steven Sams Toni Young		DOCUMENTS DEPT. OCT 19 1998 SAN FRANCISCO PUBLIC LIBRARY

Please read and bring:

- **Agenda**
- **Minutes of 10/8**
- **Overview of the Prevention Case Management Evaluation**
- **Overviews of the VaxGen and EXPLORE Study (Attached)**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements	Steven Sams	3:00 - 3:20 PM
2. Review & Approval of Minutes from 10/8	Steven Sams	3:20 - 3:25 PM
3. Public Comment	Steven Sams	3:25 - 3:35 PM
4. Report on Evaluation of Prevention Case Management Project	Doug Sebesta	3:35 - 3:50 PM
5. Presentation on HIV Prevention Programs for Women	Maria Rinaldi and Guests	3:50 - 4:50 PM
6. Break		4:50 - 5:05 PM
7. Presentation on VaxGen and EXPLORE, A Prevention Counseling Trial	Joe Wright and Mike Ahern from the Research Branch of the AIDS Office	5:05 - 5:50 PM
8. Closure and Evaluation	Steven Sams	5:50 - 6:00 PM

Note: All meetings are open to the public and are held in handicapped accessible facilities.

All times are approximate and used only as a guide.

UPCOMING MEETINGS

HPPC Meeting - Thursday, **November 12, 1998, 3-6 PM**. First Unitarian Church, 1187 Franklin Street

HPPC Meeting - Thursday, **November 19, 1998, 3-6 PM**. First Unitarian Church, 1187 Franklin Street

DPH

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HIV PREVENTION PLANNING COUNCIL
Minutes of October 22, 1998

HPPC:	Thurs., November 12, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., November 19, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:
Marcos Bañales
Michael Bogan
Carla Clynes
Manny DaCalanio
Elizabeth Davis
Sacul L'Adnbre
Jennifer Lorvick
Melinda Martin
Byron Mason
Mazdak Mazarei
Lauren Michaels
John Newmeyer
Shawn O'Hearn
J. Colin Partridge
Dawn Passar
Jeff Poltl
Steven Sams
Danielle Stringer
John Blake West
A. Toni Young

Members Absent:
Joan Benoit
Brenda Escobar
Dave Hubbard
Dredge Byung'chu Kang
Stephen King
Henry Ocampo
María Rinaldi
Steven Tierney

Parliamentarian:
Tony Leone (absent)

Leave of Absence:
Michael Discepola
Helen Miramontes

DPH/AIDS Office Staff:
Delia Garcia
Larry Meredith
Jimmie Naritomi
Tracey Packer
Mike Pendo
Peter Twyman

Polaris R & D, Inc.
Kweli Simone Ferguson

Guests:
Mike Ahern, SFDPH
Johanna Breyer, EDA
Susan Buchbinder, SFDPH
Bertha Hernandez, Instituto Familiar De La Raza
Roger Jackson, CAL-PEP
Paul O'Malley, SFDPH
Thomas Simpson, AFRO SOLO
Joe Wright, SFDPH
Rosalind Wright, Iris Center

Technical Support Staff:
Michael DeMayo
Kristin DuBay

Process Evaluation Team:
Kathleen Roe
Kevin Roe
Alison Wakefield

1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Steven S. welcomed the group and asked for a moment of silence for Matthew Sheppard and other victims of violence around the world.

Announcements:

Member Absences

- Stephen King, María Rinaldi, and Joan Benoit notified the Co-Chairs of their inability to attend this meeting.

Toni Young

- A New York Times article, "In Small Town, U.S.A., AIDS Presents New Set of Hardships", provides an example of the collective purpose of the HPPC. Copies are available on the handout table.

Michael DeMayo

- Copies of PlanLite are available on the handout table. It is the condensed version of the 1997 San Francisco HIV Prevention Plan and the 1998 addendum to the Plan. Feedback is encouraged for the next meeting after review of the document. The Strategic Evaluation chapter is missing because it hasn't yet been condensed.

Sacul L'Adnbre

- Thanked everyone for the warm reception she received after being absent due to a health problem.

Jennifer Lorvick

- A brochure developed by the Urban Health Study, "Living with Hepatitis C", focuses on injection drug users. Copies are on the handout table.

Shawn O'Hearn

- As reported in the Bay Area Reporter, he encouraged support for María Rinaldi who is running for the Board of Education, Gray Davis for Governor, and Delaine Eastin for the State Superintendent of Public Instruction.

J. Colin Partridge

- Encouraged members to attend the providers meeting on the Behavioral Risk Assessment (BRA), Monday, November 9th from 1 PM to 4 PM at the Ferry Building - Port of San Francisco.

John Blake West

- The 126th annual American Public Health Association meeting will be held in Washington, D.C. this year. See John for Gay/Lesbian/ and Bisexual application forms and to answer any questions.

Larry Meredith

- Barry Brinkley resigned from the Department of Public Health and the position of HPPC Co-Chair on October 16th. Larry M. will serve as interim DPH Co-Chair until a replacement has been found. He explained that Barry brought a commitment and a passion for HIV prevention and a perspective for problem solving and leadership to the Council. Larry M. maintains that his purpose as interim DPH Co-Chair is to manage a smooth transition with the changes occurring within the Department, the AIDS Office, the HPPC, and with the consultants. His goal will be to further the mission of HIV prevention and community planning. The AIDS Office will be overseen by Larry M., and he welcomed discussion concerning the structural changes occurring within the Department.

Technical Support Staff and Guest Introductions

Mike Pendo

- A review panel met last week to discuss the proposals reviewed in response to the RFP

regarding injecting and non-injecting methamphetamine users within BRPs 1-4. Final decisions will be sent out within the week.

2. APPROVAL OF THE MINUTES FROM OCTOBER 8:

The minutes were approved with 16 in favor and 2 abstentions.

3. PUBLIC COMMENT

No public comment.

4. REPORT ON THE PREVENTION CASE MANAGEMENT PROJECT STANDARDIZATION EVALUATION PROJECT (PCM-SEP) (Doug Sebesta)

Doug Sebesta, an epidemiologist for SFDPH presented the beginning stages of the PCM-SEP project to the HPPC. The HPPC was charged with prioritizing intervention evaluation studies to address gaps in knowledge regarding the efficacy of prevention interventions in San Francisco. The HPPC recommended that a process evaluation of Prevention Case Management services be conducted to help providers enhance their PCM services and implement more effective HIV prevention.

Doug explained that PCM is an intervention for people at risk of getting infected or re-infected with HIV and has the potential to reach high-risk populations, address multiple co-factors which may influence behavior and works with individuals over an extended period of time. However, there has been no substantive evaluation of who is being served, the services received as part of PCM, and the outcomes of PCM. The CDC has now developed a set of guidelines for the delivery of PCM. These guidelines can help standardize and evaluate the effectiveness of PCM services.

The project will evaluate current PCM services to gain a better understanding of PCM in San Francisco. The current organization and delivery of PCM services in San Francisco will be described among SFDPH AIDS Office funded contractors and others. The project will also describe:

- **the accessibility of PCM programs;**
- **the clients served;**
- **the retention of clients;**
- **the services delivered including referrals;**
- **the documented changes in risk behavior and referral follow-through;**
- **client satisfaction with PCM and;**
- **the costs of providing PCM.**

Each agency's capacity to standardize services and collect appropriate data will be assessed. Community Based Organizations (CBOs) previously funded to deliver PCM services (both through the SFDPH AIDS Office and other funded) and discontinued PCM service will be enrolled in the study. This process evaluation and standardization can provide baseline data for a later effectiveness study.

The agencies eligible for participation are those that are funded by the AIDS Office to do PCM, those funded by non-AIDS Office sources but conduct PCM, and those not funded to do PCM but provide equivalent services (AIDS Office or Non-AIDS Office funded.)

The project, which will span a 14 month period will include several phases:

- **PHASE 1: (NOV. 1998 - JUNE 1999)**

A descriptive evaluation of current PCM programs in San Francisco at the agency level. This includes interviews of agency staff, client chart reviews, policy and procedures review, and client session observations. There will also be a descriptive evaluation of past PCM programs in San Francisco at the agency level.

- **PHASE 2: (JAN. 1999 - SEPT. 1999)**

PCM services and PCM client data and data collection forms will be standardized. Training and assistance will be included in this phase.

- **PHASE 3: (SEPT. 1999 - OCT. 1999)**

Descriptive evaluation of standardization.

- **PHASE 4: (NOV. 1999 - DEC. 1999)**

This phase consists of final reports and recommendations.

Feedback is encouraged from the HPPC and the community together with the incorporation of suggestions of the HPPC chartered Community Advisory Board (CAB) and the CDC. Doug S. encouraged HPPC members to join the CAB, nominate others for the CAB, and invited any interested community members to participate in order to have full representation. He explained that community input and guidance are vital to the success of the PCM-SEP project. A member nomination form and brochure were distributed. Six to eight agency representatives are expected to participate in the CAB. HPPC member nominations who were not selected to serve on the HPPC will be invited to join this CAB, their nomination information will be held in confidence.

Since the project is in the beginning stages, information such as which agencies are currently providing PCM is not complete, however a potential list is available. The CDC has open-ended guidelines regarding standardization. PCM requires consistent intake, risk assessment, ongoing intensive counseling, the development of treatment plans, referrals, and follow-up.

Different agencies interpret PCM in different ways. Interpretations change over time depending on the populations served. One of the goals of the project is to bring all the eligible agencies together to develop a structure and standard definition of PCM. The AIDS Office staff will provide clarification on the elements of PCM

Doug S. introduced the staff and noted that Carla C., in her seat on the HPPC, can keep the HPPC up-to-date on the project.

<u>AO Staff</u>
Doug Sebesta, Project Director
Mike Pendo, Health Educator
Eileen Loughran, Health Worker
Carla Clynes, Health Worker

5. PRESENTATION ON HIV PREVENTION PROGRAMS FOR WOMEN (Melinda Martin)

Melinda M. facilitated the presentation since María R. was unexpectedly called away. Agency

providers who serve women were invited to provide background on their organizations and to provide information on what needs for women they have identified.

EXOTIC DANCERS ALLIANCE (Johanna Breyer)
Johanna discussed the development of the Exotic Dancers Alliance (EDA) and the needs and issues of women employed by strip clubs. Both Johanna and Dawn P. discovered that before they could address HIV prevention needs, they needed to address the primary needs of these women, such as their employment conditions. They believe that by developing self-empowerment around their working conditions, self-empowerment may transfer to their personal lives around HIV prevention issues.

Johanna began working in strip clubs in 1990 while in school. It was then that she began to notice the unsanitary and substandard conditions that women were forced to work under. There were consistent issues about wages and hours and non-payment of the dancers. Both she and Dawn P. established the Exotic Dancers Alliance in 1993 to respond to substandard working conditions and salary and pay abuses.

The types of women who work in the bars vary. They range in age but must be a least 18 years old. Some are students, others are single mothers. Some are IV drug users and substance users. Some dancers have issues of mental health and domestic violence. The work some of these women engage in is quasi-legal. This means that while stripping is legal, some women participate in conscentual sex and prostitution to supplement their incomes. She reported that many strip clubs in San Francisco are nothing more than brothels. The women are required to pay the manager $200 to work and must work long hours in order to bring home an income. She stated that prostitution can lead to a lack of self-esteem and self-advocacy.

Once the Exotic Dancers Alliance was established, they sought creative ways to address these issues. The best ways to reach women are to conduct outreach in the clubs. Johanna and Dawn P. have been blacklisted in San Francisco for advocating for better conditions for the women, therefore, they can no longer outreach in any of the establishments. The EDA has conducted community building workshops to foster self-esteem and self-advocacy, but the women are too frightened to associate with a political force.

The EDA has been unsuccessful in gaining the help of the Police Department which licenses these establishments. The EDA would like to see licensing changed from the Police Department to the Health Department. Then outreach workers could be funded to go inside the clubs to disseminate information and to provide on-site testing. The EDA in Toronto was able to accomplish this. The San Francisco EDA has been operating on a volunteer basis for the last five years and funding is necessary. Johanna explained that attitudes regarding exotic dancers and sex workers need to change so that outreach strategies can be developed that focus more on empowerment and less on shame.

WOMEN'S PROGRAM/ API WELLNESS CENTER (Dawn Passar)
The Women's Program is funded by the CDC to do HIV risk reduction for women in the massage parlors. PCM was unheard of when the program was first initiated, but has come to be when a client is seen more than once and her health is managed. With additional funding, a second staff person, a man was hired to target the heterosexual community. That funding has been cut, and the Women's Program is run by Dawn Passar.

Two of Dawn's clients spoke to the HPPC about what Dawn P. has done for them. The women stated that Dawn has been instrumental in encouraging their self-sufficiency to see physicians for their health and the health of their families, to know their legal rights when working in massage parlors, to provide information in order to educate themselves, and to show them when, where, and how to get around on their own.

IRIS CENTER (Rosalind Wright)
The Iris Center has served women with mental health and drug abuse issues for twenty-one years. Most cases are case managed except for those that address issues of HIV and AIDS. Education is provided through workshops. The classes, groups, and workshops, which are women-based incorporate self-esteem building, offer facials, and teach relaxation exercises, etc. to heal both the inside and outside appearance of women from the effects of drug abuse. They also teach the women how to negotiate safe sex with partners in an erotic way with videos and other methods. Women who are IV drug users are taught how to clean their works.

Rosalind W. stressed the importance of agency collaboration. Iris Center began having health fairs where people could congregate, get supplies, and trade referrals. One of their programs, Sister-Woman, focuses on substance using and homeless women and stresses harm reduction. The women come together to discuss the psycho-social aspects of the videos they view in the workshop. Genesis is another program that focuses on women who are dual-diagnosed. Iris Center does not case manage in the sense of charts but requests the names of the clients next of kin should something go wrong and the family needs to be contacted.

Rosalind noted that the Iris Center would like to see providers to offer showers and cleaning facilities for the women that they serve, bathing cuts down on disease. The women feel good about themselves when they are clean and their clothes are clean. There are not enough facilities for these women to wash themselves and clean their clothes.

She added that the Iris Center would also like to focus attention on women who are not of lower socioeconomic status, but face similar issues as the population they currently see and who are at high-risk for HIV.

INSTITUTO FAMILIAR DE LA RAZA (Bertha Hernandez)
Bertha H. conducts community outreach within the Latino Community. She reported that there are not many outreach workers providing HIV education on the streets. Part of the problem is that the Latino community is not considered important. Maybe more programs would become available with recognition. She reported the hardships that come when living simply to survive. Domestic violence is rampant.

The multiple session workshops and interventions provided by Instituto Familiar De La Raza only scratch the service for a time and then the women go away. It takes more time and involvement before the information sinks in. One of the ways the agency attempts to reach women is by performing plays in the laundromats. It is a good way to intervene but does not provide enough follow-up.

A comprehensive program is needed and the needs of Latino women must be recognized. Not enough attention is given to women who have only one partner and are mothers.

CAL-PEP (Roger Jackson [510] 874-7850)
The California Prostitutes Education Project conducts primarily street-based outreach that began with the needle exchange program. Roger explained that the purpose of the program is to provide a safe place for women who trade sex for money. They come to CAL-PEP to have their issues addressed, while their children can be cared for at the same time. They rely on the support that comes not only for supplies but from someone who is willing to listen. More slots are needed for recovery and detox and staffing to get the women there.

*** There was no time for questions after the presentations.**

6. Break: 4:50 PM - 5:05 PM

7. PRESENTATION ON VAXGEN AND EXPLORE, A PREVENTION COUNSELING TRIAL (Joe Wright, Mike Ahern, Susan Buchbinder)
Susan B. began by explaining that the types of research done in the Department of Public Health on HIV transmission focus on the behavior and the biology of transmission. There are two types of prevention studies being discussed:

- **OBSERVATIONAL**

Information is collected in order to understand risk factors for remaining safe.

- **INTERVENTION**

Testing is done to alter more people from becoming infected. (Vaccine Preparedness study - VaxGen)
The observational studies that are underway this fall, the intervention studies that may or may not happen, and recent data analysis are detailed and referred to as addendum 1 and attached to the minutes for all members.

Mike A. explained that the Explore study also know as behavioral intervention compares the HIV risk-reduction effectiveness of an intensive counseling intervention against a standard of brief pre- and post-test counseling. Over the last year, the Research Section of the AIDS Office participated with five other sites in a pilot of the Explore study. The pilot study tested the feasibility of recruiting and maintaining a high-risk group in an intensive intervention.

Due to the success of the pilot study, Explore has been funded for the main trial which will begin in January, 1999. The six sites (including San Francisco, Boston, New York, Chicago, Seattle, and Denver) will recruit a total of 4,300 men who have sex with men (MSM) during 1999. In San Francisco, 720 men will be recruited. Half of the participants will receive standard HIV risk reduction counseling, HIV testing, and other STD testing every six months over the period of three years. The other half will be tested every six months as well but will receive more intensive counseling. The intensive counseling intervention consists of ten one-hour individual counseling sessions over the course of three months and then one-hour "booster" sessions every three months over the three-year-long study. In addition, the intensive counseling intervention sessions can be tailored to focus more time and attention to areas of concern for the individual participant, such as the relationship between substance abuse and HIV risk, communication skills in the context of safer sex and the association of certain places or occasions with difficulty staying safe.

The Explore Study will provide a lot of information about the value of enhanced counseling in

reducing HIV infection. It will also add to information gathered from the participants about HIV risk activity, their attitudes and beliefs related to safer sex, substance abuse, and other variables. The information will help to gain a better understanding of how to develop more effective HIV prevention programs.

During the pilot phase of the study, the goal was to recruit a high-risk group of participants and to maintain them in a ten-session intervention. At the end of the first six months of the pilot, 82% of the participants enrolled in the intensive counseling intervention nationally had completed the ten counseling sessions. Also the pilot successfully recruited a high risk population.

In San Francisco, 87% of the men sampled were men of color. Men of color were oversampled to help ensure that the intervention could be successful among men from diverse communities. Of the sample 13% were African American men, 13% were White men, 56% were Latino men, and 18% were Asian/Pacific Islander men. Over 90% of participants completed the ten-session intervention. In anonymous satisfaction surveys, participants unanimously reported they felt comfortable with their counselor. Data on the effectiveness of the enhanced intervention will be available at the end of the study.

Mike A. listed the topics included in Intensive Counseling:

- **Reaction to negative test result; orientation to Explore**
- **Safer Sex Episode**
- **Unsafe Sex Episode/ Comparison to Safer Episode**
- **Communicating in sexual situations**
- **Being negative/ Discussing Antibody status**
- **Alcohol and Drugs**
- **Certain Places and Times as Triggers**
- **Feeling (good and bad) and sex**
- **Sex partners as they affect safer sex**
- **Planning for Maintenance**

Joe W. reported that AIDSVAX, made by VaxGen, a South San Francisco company, is a vaccine that is designed to train the immune system to develop defenses against the outer coating of HIV, so that if real HIV arrives in the body later, the immune system is already able to recognize it, and hopefully destroy it before it takes hold. **His presentation is referred to addendum 2 and is attached to the minutes for all members.**

Much of the work of vaccine research is educating the community. Joe W. explained that it is a step by step process. In order to protect against HIV transmission not only in San Francisco, but the rest of the world, several trials must be conducted to see if a vaccine will work. Smaller tests have been executed over the last ten years.

GROUP DISCUSSION

Susan B. explained that the information on all studies will be disseminated to the community through community forums and presentations to community groups. Participants will be sent the information. Communication with the media will be made as accurate and clear as possible.

Members suggested that the Explore study information be made available in other languages besides Spanish.

The effects of the VaxGen study on women have not yet been assessed as the study has not begun, however, 5000 men and women at risk for HIV will be enrolled. Men were recruited through street-based outreach and community organization referrals. the reason the percentage is so high for Latino men is because the community organizations they were referred from were enthusiastic. Specific materials have been included for the transgender community in the vaccine trials and effects of the combination of the vaccine and hormones are not yet known because the study has not begun. However, they are not included in the behavioral study and should be. Referrals and information on how to recruit transgender people is encouraged for the behavioral study.

The behavioral study includes information on the ages of the group under 30 years of age, but not 24 years of age which will be determined and distributed to Elizabeth D. Elizabeth D. also offered to help recruit members of the Native American community since they are not represented in the pilot.

With any vaccine, there are going to be side effects. The results of the VaxGen study have not been determined yet for side effects. Symptoms like local soreness, fatigue, and flu-like symptoms which all are normal, have been the only side effects noticed. Women are tested for pregnancy prior to participating in the trial and asked to use birth control for the duration of the study.

So far there are 300 men interested in participating in the Explore main trial which begins in January, 1999.

Individuals under 18 years of age were not targeted because of the national protocols but the goal of the study is not on the benefit of the individual but the benefit of a majority. Too much of an emphasis could be put on the study which may cause unsafe sex to be engaged in. Mazdak M. suggested a separate youth track similar to the alcohol and drug track.

Results from the VaxGen trial will not be ready for another 3 to 4 years. The study would only be stopped early if it has been deemed unsafe or a significance reduction has been established.

8. CLOSURE AND EVALUATIONS

Adjourn: 6 PM

Attached to minutes for absent members:

- San Francisco HIV Prevention Plan 1997 and 1998 Condensed Version
- New York Times article, "In Small Town U.S.A., AIDS Presents New Set of Hardships"
- PCM-SEP Community Advisory Board Membership Application
- Urban Health Study - Living with Hepatitis C
- Monday, November 9 BRA meeting invitation

Observational Studies - 1

- Vaccine preparedness studies
  - Jumpstart 1993-5; HIVNET 1996-8
  - multi-site, multiple populations; SF only funded to enroll MSM
  - evaluated HIV infection rates, behaviors associated with infection, interest in and knowledge of different prevention strategies (vaccines, microbicides, PEP)
  - lab studies in highly exposed uninfected persons, newly infected persons to try to understand mechanisms of protection

Observational Studies - 2

- Impact of scientific advances on risk behavior in MSM
  - understanding and impact on risk behavior of advances such as treatments (HAART, PEP), microbicides (N9), vaccines, devices (anal condoms), reports on oral sex, reports on resistance to infection
  - 600 MSM in SF, including HIV+, HIV-, HIV unknown

- Risk behaviors associated with circuit parties in MSM
  - pilot study of men attending circuit parties to assess predictors of risk behaviors associated with attendance

Intervention Studies

- Behavioral intervention
- Vaccine studies
  - Phase II (safety, immune response)
  - Phase III (safety, prevention of infection)
- Microbicides/ Barriers
  - *rectal microbicides (safety, acceptability)**
  - *anal condoms (safety, acceptability)**
- Post-exposure prophylaxis
  - *impact of offering PEP on behavior, infection rates**

**in planning stages*

Recent Data Analyses

- Risk of acquiring HIV infection through oral, anal sex
- Current risk factors for HIV infection in MSM
  - sexual behaviors, drug use, STDs, circumcision
- Possible impact of PEP on HIV infection rates
- Factors affecting participation of high risk participants in HIV vaccine trials
- Impact of HAART on AIDS, malignancies, death
- Cofactors for HIV disease progression
  - sexual behaviors, drug use, STDs

TOWARDS A VACCINE THAT STOPS HIV

Presentation by Joe Wright, HIV Research Section, San Francisco Department of Public Health
San Francisco HIV Prevention Planning Council, October 22, 1998

16,000 people become infected with HIV every day. The world needs an HIV vaccine.

The path towards a vaccine:

- *Isolate HIV and begin mapping immune responses to it (1984-85)*
- *Develop vaccines which mimic parts of HIV and could stimulate immune response (mid-1980s-?)*
- *Small and medium-sized clinical trials to test HIV vaccines for safety and immune response (1988-?)*
- *Big clinical trials to see if vaccines protect against HIV infection (1998 VaxGen, 2000-2001 "prime-boost"--?)*
- *Using these results and other research, develop new HIV vaccines, continue small and large trials (ongoing)*
- *Partially effective vaccines might benefit selected groups (as early as 2002--until?)*
- *A very effective preventive HIV vaccine is developed, tested, licensed and distributed (?)*
- *Global vaccination ends HIV's spread (?)*

VaxGen's Vaccine Efficacy Trial

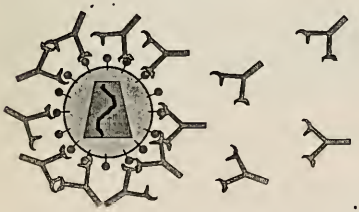
- VaxGen is a spin-off company of Genentech, based in Brisbane.
- This is the first trial to be able to tell whether a vaccine actually protects against HIV, and if so, to what extent.
- A parallel trial of a similar vaccine is also beginning in Thailand, among Thai IDUs.

How gp120 vaccines are designed

gp120 is the outer protein of HIV... So gp120 vaccines use synthetic versions of gp120 to stimulate

antibodies...

...which recognize gp120 proteins...



..in the hopes that these antibodies will recognize the gp120 proteins on the surface of real HIV if it arrives, and help to destroy the virus before it takes hold.

AIDSVAX™ VaxGen's vaccine

- AIDSVAX™ contains two versions of gp120 proteins based on two different types of HIV.
- *On the one hand*: Induces lots of antibodies, appears to be very safe.
- *On the other hand*: Not designed to stimulate cell-killing cells to kill HIV-infected cells.

Past evidence

- Similar kinds of vaccines have succeeded in experiments with monkeys & chimpanzees.
- A similar vaccine has worked against a retrovirus in cats (Feline Leukemia Virus).
- From earlier trials, we know it does not work 100% of the time in people.

The big unknowns

- We don't yet know what it takes to protect against HIV infection
- Will antibodies work at all?
- If they do work, are these the right kinds of antibodies?
- Will we have to stimulate other parts of the immune system?

The VaxGen trial in San Francisco

- May enroll 300 people at risk for HIV infection through sexual exposure, at two sites: DPH HIV Research Section, and UCSF group at San Francisco General Hospital.
- If they become the local VaxGen sites, these two sites intend to collaborate on some study functions, and work cooperatively
- If other groups end up being the local sites, we will still work to keep you informed

Key Community Issues

- How do we ensure that the community understands this is a step in an important process--but not a prevention tool in itself?
- How do we ensure that participants who enroll understand what they're getting into?
- How does vaccine research fit into the rest of the HIV prevention agenda?

Suggestions

- Participants and the surrounding community need good information, and support for staying safe; may need this from outside sources as well as from trial sites.
- The entire community needs to understand that this is a step in a long path--not the end.

12
12/98

HIV PREVENTION PLANNING COUNCIL MEETING

November 12, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by:	**Co-Chairs:** Larry Meredith Steven Sams A. Toni Young		

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Please read and bring:

- Agenda
- **Minutes of 10/22**
- Packet sent by the Cultural Competency Task Force

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements Welcome New Members!	Toni Young	3:00 – 3:20 PM
2. Review & Approval of Minutes from 10/22	Toni Young	3:20 – 3:25 PM
3. Public Comment	Toni Young	3:25 – 3:35 PM
4. Report from the Cultural Competency Task Force - Vote on Approval of the Criteria for the Cultural Competency Assessment Tool - **Final Vote**	Mazdak Mazarei/Dawn Passar/Marcos Banales	3:35 - 4:25 PM
5. Break		4:25 - 4:35 PM
6. Presentation on Prevention Programs for Immigrant Populations	Community Input Committee - Special Guests	4:35 - 5:40 PM
7. HIV Prevention Director's Report	Larry Meredith	5:40 - 5:55 PM
8. Closure and Evaluation	Toni Young	5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, **November 19, 3-6 PM**, First Unitarian Church, 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, **December 10, 3-6 PM**. First Unitarian Church 1187 Franklin Street (@ Geary)

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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SF DPH

HIV PREVENTION PLANNING COUNCIL
Minutes of November 12, 1998

HPPC:	Thurs., November 19, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., December 10, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:
Marcos Bañales
Joan Benoit
Michael Bogan
Michael Caruso
Carla Clynes
Elizabeth Davis
Rowena Esquieres
Sister MaryMae Himm
Dave Hubbard
Jaron Kanegson
Dredge Byung'chu Kang
Sacul L'Adnbre
Melinda Martin
Byron Mason
Mazdak Mazarei
Larry Meredith
John Newmeyer
Shawn O'Hearn
Henry Ocampo
J. Colin Partridge
Dawn Passar
Jeff Poltl
María Rinaldi
Steven Sams
John Blake West
A. Toni Young

Members Absent:
Eric Ciasullo
Manny DaCalanio
Brenda Escobar
Stephen King
Jennifer Lorvick
Lauren Michaels
Father River Sims
Danielle Stringer
Steven Tierney

Parliamentarian:
Tony Leone

Leave of Absence:
Michael Discepola
Helen Miramontes

DPH/AIDS Office Staff:
Brian Dobrow
Delia Garcia
Tracey Packer
Peter Twyman

Polaris R & D, Inc.
Kweli Simone Ferguson

Guests:
Gustavo Cravioto, Instituto Familiar De La Raza
Joao DeSales, DPH/ Research Unit, Brazilian Consolate
Tony Nguyen, A/PI Wellness Center
José-Ramón Fernandez-Peña, MNHC
Victoria Schneider, UCSF
Helen Yee, HI-FY

Technical Support Staff:
Michael DeMayo
Kristin DuBay

Process Evaluation Team:
Wendy Hussey
Kevin Roe
Yuimari Ruiz
Alison Wakefield

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1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Toni Y. welcomed the group and asked for a moment of silence. Steven S. welcomed the new members joining the HPPC. Members and guests were asked to introduce themselves and make any announcements.

Announcements:

Member Absences

- Manny DaCalanio, Lauren Michaels, Jennifer Lorvick, and Danielle Stringer notified the co-Chairs of their inability to attend this meeting.

Steven Sams

- There are two handouts available on the handout table. The first concerns the 1999 National Minority AIDS Council's Technical Assistance Application and the second concerns $156

million additional funds for HIV/AIDS programs targeting African Americans and other racial/ethnic minority communities.

Dave Hubbard

- The State Office of AIDS have merged the California Prevention Working Group (CPWG) and the CARE Council. CPWG has had their final meeting and CARE will have one last meeting in December. The merged group will meet for the first time in April. It is composed of 52 members, 20 from CARE and 20 from Education. These members were selected by the co-chairs.

Elizabeth Davis

- Youth United Through Health Education is looking for six individuals to participate in a peer education internship. The youths will be responsible for attending approximately 60 hours of HIV/STD prevention education training and for providing 15 hours of multiple session group workshops. A stipend of $500 will be received for completion of the training and providing the workshops. A few individuals may be hired to work for the Department of Public Health permanently. Flyers are available on the handout table.

Kevin Roe

- Kathleen Roe is on her way to Washington. Neither Kathleen nor Kevin will be able to attend the November 19th HPPC meeting, so Alison Wakefield will be filling in. The evaluations from this meeting will not be mailed prior to November 19th, but distributed at that meeting. The HPPC 1998 "Chron Log" for Quarter 3 extending from July 1 to September 30, 1998 was distributed to members.

Byron Mason

- Byron commented on his frustration that the solicitation for 1998 Supplemental funds Category B which seeks to fund programs that serve African American and Latino/a transgender populations within BRPs 1-4 was due November 12th by noon, though his agency had received it during the week. A short turn around time was required.

María Rinaldi

- María commented that the process of disseminating information to the providers regarding grant applications needs to be improved. Her organization did not receive the Category B solicitation until November 9th.

Sister MaryMae Himm

- The Sisters of Perpetual Indulgence are revamping PlayFair, the first safe sex pamphlet. The next meeting will be held the first Saturday in December at the Castro Cal Fed Bank at 3 PM. Members are encouraged to attend and provide community input.

Technical Support Staff and Guest Introductions

Delia Garcia

- The Substance Abuse and Mental Health Services Administration, the Center for Substance Abuse Treatment, and the CDC in collaboration with the Community Substance Abuse Services, Division of the San Francisco Department of Public Health is hosting a free two-day conference on November 19th and 20th from 8:30 AM to 5 PM at the Ft. Mason Conference

Center in San Francisco. The title of the conference is, "HIV, TB, Hepatitis C and Infectious Diseases: The Alcohol and Other Drug Use Connection - A Practical Approach to Linking Clients to Treatment".

2. APPROVAL OF THE MINUTES FROM OCTOBER 22:

Page 2, the announcement made by John Blake West *should* read:

- The 126th annual American Public Health Association meeting will be held in Washington D.C. this year. See John for membership application forms for the Lesbian/Gay/and Bisexual Caucus and to answer any questions.

The minutes were approved with 13 in favor and four abstentions.

3. PUBLIC COMMENT

No public comment was made at the meeting.

4. REPORT FROM THE CULTURAL COMPETENCY TASK FORCE - VOTE ON APPROVAL OF THE CRITERIA FOR THE CULTURAL COMPETENCY ASSESSMENT TOOL - FINAL VOTE (Mazdak Mazarei, Dawn Passar, Marcos Bañales, José-Ramón Fernandez-Peña)

The Cultural Competency Task Force acknowledged last year's Linkages Committee, under the direction of Sacul L'Adnbre, for the development of the tool. They also gave thanks to Yvette Balderas, Christina Badasow, Sonya McKenzie, Delia Garcia, Michael DeMayo, and Kevin Roe. **Tracey, Steven, or Toni, please check for the correct spelling of participant names here.**

The 1997 Linkages Committee, now the Cultural Competency Task Force, was charged with three main tasks:

- Review the definitions of organizational cultural competency developed by other groups.
- Develop a definition of organizational cultural competency.
- Develop a checklist, questionnaire or other instrument that RFP review panelists can use when assessing proposals submitted to the AIDS Office.

The first two tasks led to the development of 25 Guiding Principles of Cultural Competency. The Cultural Competency Assessment Tool was developed from principles set forth in the 25 Guiding Principles of Cultural Competency document.

Before presenting the Assessment Tool to the Council for a final vote, the Linkages Committee had three tasks:

- Solicit community input to ensure a valid instrument.
- Make three update presentations to the full Council for feedback.
- Revise the Assessment Tool Based on these two sources of input.

The Council approved that the purpose of the tool would be to, " . . . look at a variety of measures that allow the AIDS Office to assess an agency's cultural competency as part of the funding allocation process. . . The tool looks at a variety of indications of cultural competency. It does not provide a scientific 'cultural competency score'. Nor is it able to prove one agency is more

culturally competent than another."

The Cultural Competency Assessment Tool was unanimously approved by the Council on December 11, 1997.

José-Ramón F-P. explained that the Task Force reviewed the tool and has an agency respond as a mock response. It was determined that the questions were not very easy to answer. The Task Force made changes in wording to simplify the language, but did not change the document in any significant manner. They decided to incorporate a number of activities already reviewed and decided upon by the Council to modify the tool.
They:

- condensed several questions.
- reworded questions for easier understanding and clarity.
- re-focused questions to be specific regarding assessment of cultural competency

The Cultural Competency Task Force was also charged with developing criteria to assess the tool. The vote today concerns the criteria for assessing the tool.

The criteria are listed as follows under each category:

1. **HIV Prevention Programs and Target Groups**
   The agency will list all HIV-prevention programs they offer. Next to each program, target groups (and the subcultures within that group) that the program serves will be listed.
2. **Cultural Background of Program Staff and Agency Management**
   The cultures and/or subcultures of the agency's target groups will be listed as well as the program staff, management, board and, volunteers who identify with the particular groups listed next to them.
3. **Program Language Capacity**
   The language in which clients speak and receive services will be listed.
4. **Training**
   Agencies will describe the training of the staff as it relates to client culture and/or subculture. This includes training of a specific culture and training that focuses on general issues of cultural competency.
5. **Outreach to Target Groups**
   The applicant describes outreach methods adequately.
6. **Efforts to Understand Target Groups**
   Efforts to collect information on the needs and concerns of target groups will be described. *The Task Force explained that this section is purposely vague because of the different things that different agencies do. It is not feasible to specify one thing or to list twenty-five things. Nor did the Task Force wish to stifle any creativity of the agency on acquiring this information.*
7. **Special Needs of Target Groups**
   This criteria asks that the agency identify and describe one or two of the most significant norms or values that can present barriers to HIV-prevention work for each target group served. The agency will describe how the barriers are addressed and may also want to describe how the strengths of the groups served help overcome those barriers.
8. **Community and Client Involvement**
   The agency will describe the ways that community members are able to be involved in the program other than as clients or consumers.
9. **Other Cultural Competency Efforts and Activities**

This criteria asks what efforts the program takes to ensure its cultural competency, both formally and informally.

10. **Agency-wide Cultural Competency Efforts and Activities**
    This criteria asks what efforts the agency takes to ensure its cultural competency, both formally and informally.
11. **Appropriateness of This Tool for Your Program (optional)**
    Agencies are asked how well the tool has helped them to assess their program's cultural competency. This question will not be scored and is included only to gain feedback on the assessment tool.

DISCUSSION

Members raised concerns about criteria #2 and its impact when a staff member is racially/ethnically different than the target group that is served by their agency.

- José-Ramón F-P. provided an example of what is meant by this criteria. Program staff who have direct contact with the target group that is Latino would be expected to also be Latino. He explained that the recommendation made by the Cultural Competency Task Force was that the tool be used to gather baseline information in 1999 since there is currently no baseline information regarding cultural competency that could be used to develop scoring.
- Since criteria #2 not only refers to race and ethnicity but culture and subculture, members discussed the different meanings of culture. Culture could refer to a target group that participates in the party circuit and lives in the "fast lane", whose service providers may be middle-aged and sober. They suggested a more specific definition of culture that could include a service provider that is an ex-member of the culture and/or subculture.
- Members clarified that the criteria really applies to the workers performing the intervention rather than those that interact with the workers, such as supervision.

Members acknowledged the Task Force for an exceptional job in capturing the essence of a difficult task. Larry Meredith noted that the Health Department has used a 15% criteria variance for the Board and clients to maintain population representation. Over time with shrinkage on the board or a shift within the population, the alignment can go awry. The challenge is to push that line so that it remains representative of the population. Since there is no current guideline, the Task Force may want to use this guideline for the agencies.

- Mazdak M. reported that the Task Force will conduct a pilot test to obtain baseline information in answer to that comment.

Victoria Schneider of UCSF suggested that without harm reduction included in an agency's program, not very much will change.

- José-Ramón F-P. explained that harm reduction will not be included for this tool since cultural competency is being assessed, and harm reduction measurements are better suited for contract monitoring.

Members asked when the next RFP for prevention would be let that has a cycle ending in 1999. Larry M. explained that there is no specific date. He said that within the next 12-18 months, the need for an RFP will be discussed and a plan identified.

Cultural Competency Task Force RECOMMENDATIONS

There is currently no baseline of information regarding cultural competency that could be used to

develop scoring criteria. In 1999, the tool should be used to gather baseline information.

Cultural Competency Task Force - The Future
The AIDS Office will pilot test the tool during the 1999 planning year:

- The AIDS Office will present a timeline and plan for pilot testing the tool to the Council by April, 1999.
- The AIDS Office will schedule at least one update on progress in pilot testing the tool to the Council.
- Final results of the pilot test will be presented to the Council by November, 1999.

- Members of the Cultural Competency Task Force will be involved in pilot testing the tool.
- The Task Force will reconvene at the end of the 1999 planning year to review results and make recommendations for next steps.

MOTION
To accept the criteria for the cultural competency of programs.

VOTE
The motion was unanimously approved with 20 in favor.

RECOMMENDATION DISCUSSION
Members suggested an additional vote be made on the CCTF recommendations to determine how to pilot test the tool, not just to pilot test the tool.

- Michael D. stated that the CCTF decided to make recommendations in its work, but they were not mandated to do so. They were only mandated to develop criteria to assess the tool. José-Ramón F-P. suggested the Council could entertain voting on the recommendations as an agenda item for another time.

MOTION
The Cultural Competency Task Force come back at a later Council meeting to vote on the recommendations set forth today.

VOTE
The motion was approved with 18 in favor and 2 abstentions.

5. Break: 3:55 PM - 4:10 PM

6. PRESENTATION ON PREVENTION PROGRAMS FOR IMMIGRANT POPULATIONS (Community Input Committee, Helen Yee, Gustavo Cravioto, Tony Nguyen, Joao DeSales)
María R. introduced the guests as service providers who have worked with immigrant populations for years and who are themselves immigrants. They were asked to present their experiences working with immigrant populations and to recommend ways to address the problems of these populations as they relate to HIV transmission. She explained that today's presentation focuses on Asian/ Pacific Islander and Latino populations only because of their great size in immigrant populations in San Francisco.

Gustavo Cravioto - Instituto Familiar De La Raza
Gustavo has worked as an AIDS educator for Instituto Familiar De La Raza for the last five years serving the Latino immigrant bisexual/ gay/ and transgender populations. In that capacity he has been chosen as Latino Activist of the Year.

He explained that the bisexual experience within the Latino community needs to be taken very seriously. Many of the men immigrating from South American countries do not view themselves as gay or bisexual when they have sex with other men. They do not frequent gay bars or activities and they do not use condoms with women because they do not like to use them. Of the clients seen over the last year, 42% are bisexual. They are reached in the streets and at straight bars and parties. The issue is a serious one. Since the population view themselves as heterosexual, they do not attend gay support groups for men to receive HIV education

Gustavo reported that two main issues are: (1.) that there are no bisexual support groups for Latino men and (2.) no PCM for individuals. He suggested that the gay community be educated about the bisexual community without labeling bisexuals as "in the closet". `

Within the Latino immigrant population, the risk for HIV transmission for bisexuals is high. A Latina, discussing how she has become HIV +, explains that her husband has been having sex with other women. When discussing how he has become HIV+, a man explains that he has had sex with other men. Outreach services are not sufficient to reach the Latino immigrant bisexual population. The numbers show that 500 new people, mostly people of color, were infected with the HIV virus in San Francisco. Of the men infected, most were bisexual. Within the gay community, there is a process of sharing information. Bisexual men are more difficult to reach.

RECOMMENDATIONS

- Since Latino immigrant, bisexual men are difficult to educate about HIV transmission, this issue has an impact on women and society as a whole. Reaching the Latino bisexual community should be taken very seriously.

Helen Yee - Health Initiatives for Youth
Helen has been working with the Immigrant Youth Health Initiative Project for the last year and a half. The program was developed as a result of a needs assessment conducted three and half years ago of youth and their providers in broad suburban and urban settings. One of the questions addressed to providers was how much they knew about immigrant youth. The common response was, "Nothing". Research began last year to answer this question, and very little information was found.

An immigrant youth providers forum of thirty providers (A/PI, Latino, and Russian/Jewish communities) met to learn and share ideas about different specific ethnic populations especially with regard to HIV and AIDS.

Last summer, a survey was developed for newcomer youth that asked questions about drugs, sexuality, abuse, volunteer work, poetry, stories. It also sought to discover their opinions about improving mechanisms for newcomer youth.

Newcomer youth are defined as having lived in the US for five years or less. Immigrant youth are defined as being born in another country. There are different risks and health status associated with each. 114 interviews with youth have been conducted so far for the Youth study. They are

conducted in other languages as well as English.

Helen then presented a compilation of research, youth, and provider information.
There are 22,745 foreign-born children under the age of 18 in San Francisco or 19.5% of all children under 18. Of that percentage, 81% are not citizens. There are currently no numbers on immigrants status, but for overall San Francisco residents 17.6% are not documented, 18.9% are refugees and 63.4% are legal immigrants. Newcomer residents in San Francisco equal 121,362. The foreign-born population is from all over the world, but the majority of immigrants are from: China/Hong Kong, Philippines, Central America, and Europe. Many of these children will have resided in the US for a number of years, are English proficient and could no longer be termed "newcomer". Latino and Chinese students had the greatest proportion of LEP/NEP classifications with 49.3% and 40.1% respectively but are not necessarily immigrant youth. Some have resided in the US for many years but their English proficiency is weak.

Newcomer women are at risk for infection with HIV and perinatal transmission to infants from partners who have resided longer in the US and are more sexually active, inject drugs, or have been in prison.

Over time, newcomer youth with acculturation tend to become less healthy and engage in higher risk behaviors. They have limited knowledge about AIDS transmission and use condoms very rarely due to cultural stigma.

A major issue of this population is due to dialogue, language barriers, and a lack of communication in school.

RECOMMENDATIONS

- Increase the pool of people who have the language proficiency to communicate with newcomer and immigrant youth to provide HIV and AIDS education.
- Early intervention and education in schools.
- More complete information about newcomer young people.
- After school programs, jobs, and activities to deter youth from joining gangs.

Joao DeSales - Brazilian Consolate
Joao discussed his dual race identity of an immigrant Brazilian of African descent. For the past seven years, he has been involved with prevention. When he arrived in the US, he was asked to fill out a questionnaire and to mark a racial identity. He revealed that there was no box labeled Brazilian. The attendant suggested he mark African American. He had no idea what that meant. Although he was of African descent, he was not American but rather South American. Many immigrant Brazilians are pressured to identify with a particular race or ethnicity. Culture can mean several things and people ought to be accepted for who they are here in San Francisco. On the East Coast, there is less of this problem.

Many immigrant Brazilians are undocumented which presents a barrier to HIV and AIDS education. Many feel that, if they become involved with services that provide prevention, intervention, and education they will be reported to immigration. As a member of the Brazilian Consolate, Joao has asked the Consolate how to make people realize that education is not linked to immigrant status. There also very few services for people who speak Portuguese.

Joao now focuses more on clarification to show that education and testing are not connected to immigration rather than HIV prevention. Unfortunately, he gets calls from people who are in their last stages of life seeking prevention services because they were fearful to get tested.

RECOMMENDATION

- More effort should be put into helping people overcome fear of immigration to seek prevention services.

Tony Nguyen - A/PI Wellness Center

Tony provides Vietnamese health education at the A/PI Wellness Center. He is one of the founders of the Gay and Lesbian Vietnamese Group.

He explained that he faced personal hardships and social stigma growing up homosexual in Vietnam. When he turned 18, he arrived in the Castro and began a support group for Vietnamese Gays/ Lesbians/ Bisexuals/ and Transgenders in 1989. The first official meeting was composed of five people, two women and three men. They began a newsletter together.

In 1991, he began work as a community health outreach worker. He was responsible for reaching the Vietnamese community. The first attempt resulted in many people rejecting outreach services. He persevered and began distributing condoms to restaurant owners who eventually accepted them. He instructs people on the proper use of condoms.

With the A/PI Wellness Center he works primarily with gay men and transgenders. He has a new group called the Gay Men of San Francisco who meet every month and distribute a newsletter.

DISCUSSION

Members asked the panel what they thought were the biggest barriers to prevention aside from language.

- Culture shock. Although San Francisco is supposed to be a mix of cultures, on the East Coast people are accepted more for who they are because there is a higher population of diverse cultures. Many immigrants have not found their place in San Francisco.
- For the Vietnamese community, many feel that, since they are not white, they are not at risk for HIV transmission.
- Gustavo reported that 10 years of AIDS and HIV campaigning have resulted in people learning. However, there needs to be a campaign for every year for every community not just for white gay men.
- Helen states that before HIV and sex can be discussed, language and cultural barriers must be overcome. Many immigrant youth have no time for prevention education because they must first interpret for parents and take care of siblings.

Clarification was requested at to whether group outreach was an appropriate method to educate Latino MSM/F about HIV transmission.

- Personal problems are hard to discuss within groups of 40. There needs to be special access to groups for bisexual men and women who have sex with men that are bisexual.

Members discussed the fact that there are several issues that concern groups that are receiving the information. Their needs are different. HIV may be the last thing on their minds when their immediate need is to look for work.

Men who have sex with men who do not consider themselves bisexual, need to first consider themselves as such. It is easy to do multiple sessions with these men, but after they get tested they do not come back. It is possible that the term "bisexual" could be changed into another name that would allow more men to participate.

María R. commented that when Carla Clynes addressed this issue by labeling workshops "multigenders", people came.

Within the Latino community, there is also a very high incidence of alcohol and drug use especially when family members are separated. Younger and younger Latinos are sharing needles and engaging in high-risk activities.

To Helen, are there any interventions that include both the parents and the youth?

- There are very few. However, with the survey, questions about parents and/or guardians are asked of the youth.

Do the youth speak a different language from the parents, are they bilingual?

- It depends on how long they have been here. The longer they are here, the less language skills they have. Russian Jews seem to do better once they arrive in the US because they have studied English in their homelands

Many newcomer youth do not receive services because insurance is unavailable or expensive and they do not have any. Insurance should be available for everyone.

7. HIV PREVENTION DIRECTOR'S REPORT (Larry Meredith)

Larry M. distributed a handout to members that will be referred to as addendum 1 and attached to the minutes.

He began by acknowledging the wonderful presentations, and explained that until a replacement DPH co-chair is found, he will remain the interim DPH co-chair. Tracey P. will be acting as Chief Deputy for HPPC activities, and will keep him informed and up to date.

Lyn Fisher-Ponce has tendered her resignation. Her last day will be December 7, 1998. She has accepted the position of Coordinator of STD Surveillance and Counseling.

The status of the 1999 CDC Application: Larry explained the CDC External Review Panel asked minor questions and offered positive feedback.

Larry responded to the concerns raised by María R. and Byron M. concerning the Category B (minority community-based organizations) for African American and Latino/a transgender populations within BRPs 1-4. Three-hundred solicitations were sent out to all DPH contractors. They were mailed on October 30, 1998. It appears that some were received late which brings up a larger issue of the process of notifying agencies about RFPs or solicitations. Larry acknowledged that a clear and more efficient process is needed. The quick turnaround for this particular solicitation was due to federal conditions. He apologized on behalf of the AIDS Office. He suggested for a tight timeline, notification be made to only those candidates that work with the particular target group, utilizing faxes, a delivery service, a web page, or e-mail.

The Health Commission is taking very seriously a number of issues in contracts:

1. The Board of Directors for non-profit agencies must not only be consistent with the bylaws, but be representative of the populations they serve. A number of agencies will have to return a plan of correction within ninety days and explain how they have implemented that plan to address non-compliance to the Health Commission.
2. Where a monitoring visit rates the program as developmentally needy, the Commission is supportive of quality services that are delivered in a culturally competent manner and will request the program come back not only to address a plan of correction, but show how well they are implementing that plan of correction.

A new regulation has been recently passed by the Board of Supervisors mandating a new openness for CBOs in the area of public access to meetings and records.

Regarding contract processing status, there is a real crunch to get all of the monitoring done. There is an abbreviated process used in order to complete them on time.

The Health Commission agenda for November 17th is included with addendum 1. It shows requests approval of contract term extensions with certain contractors for AIDS Prevention services for the period of January 1, 1999 through March 31, 1999.

Another of the issues the Commission will be hearing is that the Department is "adrift in a sea of red ink." The budget is out of balance by $20 million. There is going to be a requirement at the Department that there be a freeze on hiring for non-grant funded positions.

There are several vacant positions for the HIV Prevention Section. For listing 1372 Special Assistant XIII, Director of HIV prevention, announcements will go out next week and the deadline for that position is December 4th. HPPC members will be provided copies of position announcements.

A series of three staff retreats are planned for November, December, and January.

DISCUSSION

Members asked that Category C be further explained.

- Tracey P. explained that Category C is a demonstration project that provides priority prevention services to HIV infected individuals. $790,275 was received for this year. This includes a one time amount of $85,947. In 1999, $704,328 will be received. Part of the supplemental application was to develop a CAB that would determine how services would be encumbered. The situation was difficult because funding had to be encumbered before the CAB was developed. The challenge was to encumber the funds so they could be used in 1999. The funds have been encumbered. So when the CAB is developed, it can determine how services will be organized.
- The CDC will have a site visit or conference call with San Francisco and the other areas that were funded (Los Angeles, the states of: California, Maryland, and Wisconsin) to determine how the demonstration project will be done.

Members asked when the funding for women's services will be implemented.

- The Steering Committee recommended that funding for BRP 10 (FSM) use the same

augmentation process from the 1997 supplemental. Right now contractors are being inundated with paperwork. People will be given time in January to determine how services for women will be addressed. A letter will be going out soon. The funds will be ongoing.

María announced that the African American Services presentation scheduled for the next Council meeting has been rescheduled to the last meeting in December.

8. CLOSURE AND EVALUATIONS

Adjourn: 5:45 PM

Attached to minutes for absent members:

- HIV, TB, Hepatitis C & Infectious Diseases: The Alcohol & Other Drug Use Connection Conference
- Instituto Familiar De La Raza, Inc. present year activities
- Steven Sams e- mail: $156 million HIV/AIDS Initiative
- Steven Sams e-mail: 1999 National Minority AIDS Council's Technical Assistance Application
- Letter to BAR Editor, Mike Salinas, to support Jeff Klausner, MD, Director, STD Prevention and Control
- Health Initiatives for Youth Facts about Youth and HIV in the United States
- HI-FY brochure and newsletter
- HI-FY HIV+ Youth Speakers Bureau
- December HPPC Calendar 1998
- YUTHE Peer Education Internship
- Vol. 1, No. 8 Committee Update
- HPPC 1998 Chron Log

HIV Prevention Director's Report
To HIV Prevention Planning Council
November 12, 1998

Announcements:
I will remain the Interim HIV Prevention Director. I wish to announce that I will also remain the Interim DPH Co-Chair to the HPPC.

Lyn Fischer-Ponce has tendered her resignation. Her last day with us will be December 7, 1998. She has accepted the position of Coordinator of STD Surveillance and Counseling, STD Prevention and Control. Please join me in not only wishing her much success in her new position but also in our gratitude for her many years of dedicated service to the HIV Prevention Section and to the community planning process. Although she will be greatly missed by us, we look forward to our continuing relationship with her in her new capacity.

Funding Amounts
- 1997 Unobligated Funds of $547,684
- 1996 Unobligated Funds of $166,858
- 1998 Supplemental Funds:

	High Priority Program Category A	Minority CBO Category B	Priority Prevention Services to HIV-Infected Individuals Category C	Enhanced HIV Prevention Program Category D	Total
Supplemental Award	$176,759	$96,696	$704,328	$100,000	$1,077,783
One Time Funding	-0-	$43,183	$85,947	-0-	$129,130
Total	$176,759	$139,879	$790,275	$100,000	$1,206,913

- 1999 Cooperative Agreement Application for $9,448,103

Grant Status
- 1997 Unobligated Funds - Award Received October 2, 1998
- 1996 Unobligated Funds - Award Received October 2, 1998
- 1998 Supplemental Funds - Award Received November 2, 1998
- 1999 Funds - CDC External Review Panel was conducted on November 5, 1998

Status of Current RFPs and/or Awards:

1. **1999 CDC Funded Programs**
   Letters of tentative award were sent to CDC funded programs on October 27, 1998 for their 1999 renewals. Our office will request that the Health Commission approve extensions of current programs through March 31, 1999 to expedite continued services and invoicing of expenses. Refer to the attached Health Commission Agenda for November 17, 1998 on Pages 2 & 3 for a list of programs who choose this extension and completed requirements to do so.

2. **RFP #019-98, Methamphetamine Using Men Having Sex with Men**
   An award was not made to anyone. The HIV Prevention Section staff is now investigating other options to use these funds.

3. **HIV Prevention Services for FSM**
   Tracey is currently working with Pat Johnson in the Contract Units to address the services for FSM.

4. **Renewal of 1997 CDC Supplemental Funded Programs**

The deadline for submission of the requirements for renewal was last week, Monday, November 2, 1998. We are currently assessing and evaluating the responses.

5. **1998 CDC Supplemental Funding**

   a) **Category A (high priority program needs identified through community planning**
   Restoration of cuts to 1998 CDC funded programs made earlier this year: Through a combination of these funds and of the use of 1997 Unobligated Funds, all programs who received cuts earlier this year were offered restoration to their original 1998 funding levels. Preliminary notices of additional funding were mailed on October 13 and October 14. Of the 25 eligible CBO and DPH programs, all responses have now been received for a 100% return rate. Program Managers are reviewing the responses and working with the contract unit to process full restoration of CDC base funded programs before the end of this year.

   b) **Category B (minority community-based organizations)**
   African American and Latino/a transgender populations within BRPs 1-4: Solicitation S 029-98 was mailed on October 30, 1998 to all current Department of Public Health contractors. Brief responses are due back to the Contracts Unit by 12:00 noon on November 12, 1998 but an extension to 12:00 noon on November 13 is available if included in the letter of solicitation.

   c) **Category C (priority prevention services to HIV infected individuals)**
   Tracey is working with Lyn Fischer-Ponce, the Epi/Eval Unit, and Laura Thomas of the HIV Health Services to determine the appropriate staff to coordinate this project and methods to encumber funds by December 31, 1998. Tim Piland, Grants Manager, and Tracey have requested a conference call with CDC to address some of the issues raised in encumbering these funds.

   d) **Category D (enhanced HIV prevention program evaluation capacities)**
   The PCM project is underway.

6. **1996 Unobligated Funds**
   We are working on funding priorities set by the HPPC in 1997. This funding must be encumbered by the DPH by 12/31/98 but can be spent by contractors in 1999. The $166, 858 was originally slated to:
   a. fund media costs associated with the 1997 supplemental programs
   b. fund community forums
   c. fund a peer education training for youth

Implementation Issues

- Health Commission Focus
  - The Health Commission carefully reviews monitoring reports, including the composition of contractor's Board of Directors in relation to the contractor's target population (Health Commission Policy #24). Contractors who fail to comply with standard requirements will have 90 days to provide an update to the Health Commission.
  - Policy Changes

    Public Access to Meetings and Records: City Law as of October 17, 1998

    The following condition has been adopted by the San Francisco Board of Supervisors, and consequently, will be included in all future City contracts:

    "If the CONTRACTOR receives a cumulative total per year of at least $250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, the CONTRACTOR shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in Sections 12L.4 and 12L.5 of the Administrative Code. CONTRACTOR further agrees to make good-faith efforts to promote community membership on its Board of Directors in the manner set forth in Section 12L.6 of the Administrative Code. CONTRACTOR acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement.

CONTRACTOR further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety."

- Contract Processing Status
  - **Current Status of Contract Monitoring:**
    Approximately 95% of 1998 CDC funded programs were notified of their contract monitoring requirements during the week ending October 30 with a response date of November 16, 1998. The remaining 5% were notified last week with a response date of November 23, 1998.
  - **Pending Contract Approvals by Health Commission:**
    There now remain four (4) retroactive contracts, all General or State funded contracts. There has been an improvement of 50% since mid-October of this year in this area.

HIV Prevention Section

Vacant Positions:

- 1372 Special Assistant XIII, Director of HIV Prevention
- 2825 Senior Health Educator, Chief of Planning
- 2591 Health Program Coordinator II-Contract Speciality, Program Manager
  Seventy-seven applications and resumes for this position were reviewed last week. A review panel has been formed to screen recommended candidates. Interviews will be conducted on November 23, 1998.
- 2593 Health Program Coordinator III- CTPRN, Program Manager

Assignments:

- Deputy for HPPC Activities and Contact Person for Co-Chairs - Tracey Packer
- AIDS Office Support Staff for Tracey Packer - Brian Dobrow
- AIDS Office Staff Person for Membership Committee - Brian Dobrow
- Contract Monitoring Coordinators - Dolores Valesquez and Jimmie Naritomi
- All other assignments remain unchanged until vacant positions are filled and the HIV Prevention Section's planning process is completed.

Staff Retreats:

- A series of three staff retreats are planned for November, December, and January.

Lee Ann Monfredini
President
David J. Sanchez, Jr., Ph.D.
Vice President
Debra A. Barnes
Commissioner
Edward A. Chow, M.D.
Commissioner
Roma P. Guy, M.S.W.
Commissioner
Ron Hill
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

November 17, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 3, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) Consideration of a sliding fee schedule for the Community Health Network.

(3.2) **PH&P-CHSS** – Request for approval to accept and expend a new two-year grant from the U.S. Department of Commerce, Telecommunication and Information Administration, in the amount of $597,898, to provide full implementation of the Reggie Project for the period of October 1, 1998 to September 30, 2000.

(3.3) **CHN-Primary Care** – Request for approval of retroactive four-year sole source and renewal contract with Mission Neighborhood Health Center (MNHC), in the amount of $178,202 per year, for the provision of primary medical care services to medically indigent adults residing in the Mission District, for the period of July 1, 1998 through June 30, 2002. (DPH contracted with MNHC for services totaling $856,819 during FY 1997-98).

(3.4) **PH&P-CHS-MH & SAS** – Request for retroactive contract renewal with Ohlhoff House, Inc. in the amount of $103,000 per year to provide outpatient substance abuse services for the

period of July 1, 1998 through June 30, 2002. (DPH contract with Ohlhoff House for services totaling $102,900 during FY 1997-98).

(3.5) **PH&P-CHS-MH & SAS** – Request for approval of retroactive contract renewal with Walden House in the amount of $6,079,107 to provide comprehensive mental health, substance abuse, and other medical residential and outpatient services to adults and adolescents for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Walden House for services totaling $8,099,548 during FY 1997-98).

(3.6) **PH&P-CHS-MH & SAS** – Request for approval of increased use of site, under Proposition I requirements, at 1175 Howard Street (detoxification facility) and retroactive renewal contract with St. Vincent de Paul Society of San Francisco (SVdP) in the amount of $1,139,714 per year to provide substance abuse drop-in, detoxification and substance abuse/mental health shelter services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SVdP for services totaling $860,709 during FY 1997-98).

(3.7) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal contract with New Leaf...Services for Our Community in the amount of $860,861 per year to provide outpatient substance abuse and mental health treatment services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with New Leaf for services totaling $1,347,911 during FY 97-98).

(3.8) **PH&P-CHS-Mental Health** – Request for approval of retroactive multiyear renewal contract with Family Service Agency of San Francisco (FSA) in the amount of $4,210,152 per year to provide children's mental health services, adult care management, geriatric services, brief therapy services and fiscal intermediary services for the period of July 1, 1998 through June 30, 2000. (DPH contracted with FSA for services totaling $4,698,820 during FY 1997-98).

(3.9) **PH&P-CHS-Mental Health** – Request for approval of retroactive annual renewal contract with Family Mosaic Project contractor in the amount of $268,300 to contract for sub-acute residential treatment services for the period of July 1, 1998 through June 30, 1999 with the following agency: Victor Treatment Centers.

(3.10) **PH&P-CHS-Mental Health** – Request for approval of retroactive annual renewal contract with Family Mosaic Project contractor in the amount of $91,500 to contract for sub-acute residential treatment services for the period of July 1, 1998 through June 30, 1999 with the following agency: Catholic Youth Organization-St. Vincent's School for Boys.

(3.11) **PH&P-CHP&P-TB Control** – Request for approval of sole source and renewal contract with Regents of the University of California at San Francisco (UCSF), in the amount of $2,081,451, for the continued operation of the Model Tuberculosis (TB) Prevention and Control Center, for the 15-month period of December 31, 1998 through March 31, 2000. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98).

(3.12) **PH&P-CHS-HIV Housing** – Status report on Catholic Charities' compliance with Health Commission Policy #24.

(3.13) **PH&P-CHP&P-HIV Prevention** – Request for approval of contract term extensions with the following contractors for AIDS prevention services for the period of January 1, 1999 through March 31, 1999: Asian and Pacific Islander Wellness Center; CAL-PEP; California AIDS Intervention Training Center; Glide Foundation; Haight-Ashbury Free Clinics, Inc.; Instituto

Familiar de la Raza; Iris Center; Mission Neighborhood Health Center; Polaris Research and Development, Inc.; Stop AIDS Project; The Support Center; Tenderloin AIDS Resource Center; and the Regents of the University of California (UCSF-AIDS Health Project and UCSF-Urban Health Study).

4) DIRECTOR'S REPORT (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR NOVEMBER 1998

6) PRESENTATION OF THE ANNUAL STATE LEGISLATIVE REPORT

7) PRESENTATION AND CONSIDERATION OF A RESOLUTION REGARDING INCREASING ALTERNATIVES TO INSTITUTIONAL CARE

8) PRESENTATION OF A DEPARTMENT OF PUBLIC HEALTH FIRST QUARTER FINANCIAL REPORT FOR FY 1998-99, AND CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT'S EXPENDITURE PLAN

9) PRESENTATION OF A PLAN TO ADDRESS DIVERSION

10) OTHER BUSINESS/PUBLIC COMMENTS*

11) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

NAME OF CASE: ANNIE TRUSTY V CCSF
SUPERIOR COURT #991-985

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

HIV PREVENTION PLANNING COUNCIL MEETING

November 19, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Larry Meredith
A. Toni Young
Steven Sams

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Please read and bring:

- **Agenda**
- **Minutes of 11/12**

All Items Include Public Comment

1. Food/Welcome/Introductions/Announcements	Steven Sams	3:00 – 3:20 PM
2. Review & Approval of Minutes from 11/12	Steven Sams	3:20 – 3:25 PM
3. Public Comment	Steven Sams	3:25 – 3:35 PM
4. HIV Prevention Director's Report	Larry Meredith	3:35 - 3:50 PM
5. Priority Setting Task Force - Part 1: Presentation on the Criteria to Select Subpopulations - Vote	Priority Setting Task Force	3:50 - 4:45 PM
6. Break		4:45 - 5:00 PM
7. Priority Setting Task Force - Part 2: Presentation on Selected Subpopulations - Vote	Priority Setting Task Force	5:00 - 5:55 PM
8. Closure and Evaluation	Steven Sams	5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, **December 10, 3-6 PM**, First Unitarian Church, 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, **December 17, 3-6 PM**, First Unitarian Church 1187 Franklin Street (@ Geary)

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HIV PREVENTION PLANNING COUNCIL
Minutes of November 19, 1998

HPPC:	Thurs., December 10, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., December 17, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St

Members Present:
Marcos Bañales
Michael Bogan
Carla Clynes
Elizabeth Davis
Rowena Esquieres
Sister MaryMae Himm
Dredge Byung'chu Kang
Jennifer Lorvick
Melinda Martin
Mazdak Mazarei
Willi McFarland
Larry Meredith
John Newmeyer
Henry Ocampo
J. Colin Partridge
Dawn Passar
Jeff Poltl
María Rinaldi
Steven Sams
Danielle Stringer
A. Toni Young

Members Absent:
Joan Benoit
Michael Caruso
Eric Ciasullo
Manny DaCalanio
Brenda Escobar
Dave Hubbard
Jaron Kanegson
Stephen King
Sacul L'Adnbre
Byron Mason
Lauren Michaels
Shawn O'Hearn
Father River Sims
Steven Tierney
John Blake West

Leave of Absence:
Michael Discepola
Helen Miramontes

Guests:
Bill Barnes, Community Member

Technical Support Staff:
Michael DeMayo

Process Evaluation Team:
Wendy Hussey
Alison Wakefield

Polaris R & D, Inc.
Kweli Simone Ferguson
Amalia Fernandez - Niewendorp

Parliamentarian:
Tony Leone

DPH/AIDS Office Staff:
Jimmie Naritomi
Tracey Packer

1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Steven S. welcomed the group and asked for announcements.

Announcements:

Member Absences

- Shawn O'Hearn, Stephen King, Manny DaCalanio, Joan Benoit, and Brenda Escobar notified the Co-Chairs of their inability to attend this meeting.

Larry Meredith

- Delia Garcia, Mike Pendo, and Peter Twyman are in Washington attending the American Public Health Association annual meeting. Lyn Fisher-Ponce, also in Washington, is training with the CDC.

Melinda Martin

- The Filipino American Community Epidemiological Study is an important study targeting Filipino communities and substance abuse. They are hiring for research telemarketers. Announcements are available on the handout table.

Danielle Stringer

- Danielle apologized for Council meeting absences due to travel back East. She reported that a woman close to the family, Alice Tennyson, has been missing since November 16th. The report, which has also been televised and printed in the local news, describes Alice Tennyson

as a 58-year-old grandmother who was last seen in the Western Addition of San Francisco along with her 1990 gray Honda Civic. Police suspect the incident is connected to the attempted abduction of a woman from the San Francisco Costco parking lot some time ago. There is evidence of activity on both her credit and ATM cards. Missing person's announcements are available on the handout table.
Update: Alice Tennyson was found physically unharmed in Los Angeles on November 20th.

Jeff Poltl

- Jeff recently accepted a position with Walden House performing HIV and Community Health Outreach to boys 13-15 years of age. This is his first affiliation since becoming an HPPC member.

J. Colin Partridge

- J. Colin announced he will conduct research out of the country and is unable to attend either meeting in December.

Elizabeth Davis

- Elizabeth distributed a flyer seeking youth to fill six YUTHE internship positions at the last meeting. She reported that she has not received many responses and as result may have to extend the deadline past its original due date of November 27th. She encouraged members who work with youth to assist in filling the positions.

Dredge Byung'chu Kang

- The A/PI Wellness Center is sponsoring an event to commemorate World AIDS Day. Flyers are available on the handout table.

Steven Sams

- Steven welcomed the new members and announced they now have peach colored nametags to indicate that they are in their provisional term until January.

Technical Support Staff and Guest Introductions
Alison Wakefield, Process Evaluation

- Evaluations from the last Council meeting have been distributed around the table. Evaluations from this meeting should be returned to Alison. Kathleen Roe and Kevin Roe of Process Evaluation are in Washington attending the American Public Health Association annual meeting.

Bill Barnes, Mayor's Office

- Bill's position as HIV policy advisor to the Mayor was made permanent as of November 18th. He will continue to sit on the Priority Setting Task Force.

2. APPROVAL OF THE MINUTES FROM NOVEMBER 12:

Approval of the minutes was postponed to the next meeting.

3. PUBLIC COMMENT

No public comment was made at the meeting.

4. HIV PREVENTION DIRECTOR'S REPORT (Larry Meredith)

There are no further updates available regarding the 1999 Cooperative Agreement Application.

One of the items mentioned at the last meeting, and heard by the Health Commission, was the projection of a $16 to $20 million deficit within the Department. It is largely the result of San Francisco General and Laguna Honda Hospital cost increases and revenue reductions. The Department is under a hiring freeze for general fund positions. The freeze will not affect the HIV Prevention Department. However, all branches of the Department of Public Health will utilize money-saving techniques.

One of the policy initiatives discussed at the Commission meeting consistent with the strategic plan was to pursue greater use of non-institutional environments for the provision of care. One of the biggest problems both at Laguna Honda and in the Med-Surge wards is the back up of people who have no adequate placement. Twenty-eight percent of the patients served by San Francisco General are the homeless and the indigent. One of the priorities is to continue to develop housing and treatment facilities to provide a suitable living environment where care can continue when patients return home.

The HIV Prevention Director's report indicates that there has been a 33% response rate in the area of contract monitoring. As of November 19th, the rate is closer to 50%. Providers are being strongly encouraged to return the monitoring materials to allow contract renewals and renegotiations to proceed.

Recruitment is continuing for vacant positions. Attached to the report are copies of the announcement for the Director for HIV Prevention position. A process is in place to hire the replacement for Delia Garcia as Health Program Coordinator II - Contract Specialist, Program Manager. However, there are vacancies in the Program Management/ Oversight division that come at a time when contract monitoring and the renegotiating of contracts needs to be completed for next year.

Larry Meredith will bring the process for reviewing the applicants for the Director's position to the next meeting in order to gain Council feedback.

5. PRIORITY SETTING TASK FORCE: PRESENTATION ON THE CRITERIA TO SELECT SUBPOPULATIONS - VOTE (Priority Setting Task Force)

The Priority Setting Task Force (PSTF) distributed copies of the presentation outline and began with a historical overview.

The 1997 Priority-Setting Model

The PSTF provided the Council with a brief history of the priority setting process – 1996/97. It was explained that the 1996 HIV Prevention Plan included a Priority Setting model that utilized 12 BRP (Behavior Risk Populations) and a scoring system (mathematical formula) that included frequency of behavior, relative risk of behavior, prevalence, and population size. This formula was used to arrive at a score, which was the determinant of eligibility. The minimum score for eligibility was 100. This method proved troublesome in that various populations did not meet the

100 point eligibility score. The model did not easily incorporate the co-factor and co-variate information that would have possibly increased the score. It was noted that the only manner in which the score could have been increased outside of the mathematical formula was for providers to submit their own epidemiological data.

In 1997 the HPPC's Assessment Committee struggled with the problems raised by the 1996 Priority Setting model. After a year of meetings, discussions, presentations (by epidemiologist, etc.), and HPPC concept votes, the committee presented their final recommendation to the Council to rank BRPs by incidence rates. The HPPC agreed and the 1998 Priority Setting Task Force began their charge – setting the Priority Setting model criteria to identify sub-populations within or across the BRPs that were disproportionately impacted by HIV and would ensured funding.

The 1998 Revised Priority Setting Model

The PSTF explained that they began by looking at the incidence data from the 1997 Consensus Report. Sub-populations within each BRP that are especially high risk will be identified to assure they will receive some funding, however all BRPs will receive some funding. Bill Barnes referred to an overhead slide, entitled "Collapsed BRPs Ranked by Incidence." It lists the 6 BRPs (collapsed from the original 12 by the Consensus meeting) and three columns. The first and third columns are essentially the same, with the first column reflecting the percentage of incidence. (i.e., It is anticipated that 15 of the 499 new infections will be males who have sex with females (MSF). This represents 3% of total incidence.) The PSTF also agreed that they would use the raw number of infections – rather than the percentage – when ranking the BRP's. The second column reflects incidence rate, factoring in the percentage of the population to become infected within a given time (in this case a year). The PSTF then reiterated the process for identifying priority sub-populations, and noted that they were currently between choosing developed criteria and using criteria to identify sub-populations.

Model 1: Priority Sub-populations

The PSTF presented two models to be discussed by the Council.

Model 1: Priority Sub-Populations

The primary criteria:	The secondary criteria:
• Serostatus	• Substance use
• Incidence	• STD
• Testing patterns	• Rates of unprotected sex
• Ethnicity (co-variate)	• Immigration
	• Prevalence
	• Low Economic Status
	• Age (co-variate)
	• Gender identity (co-variate)

The first revised model consists of four primary criteria and eight secondary criteria to identify sub-populations. The application of the criteria included that a sub-population would have to meet 3 of the 4 primary criteria and 5 of the 8 secondary criteria in order to be assured funding. After some consideration the PSTF concluded that there were problems with this first model. Due to the nature of co-variates (age, a gender identity, ethnicity, etc.) it is difficult to incorporate them into a ranking formula. Another problem was that the specificity of the criteria limits the amount of available data, the broader the category the greater the pool of data. Lastly,

the model was hard to apply in a uniform way across sub-populations. Bill B. used testing patterns as an example. Most pregnant women are voluntarily tested for HIV in San Francisco as part of a comprehensive prenatal care plan. The PSTF deliberated on how a situation such as this would impact HIV prevention data and agreed that it would challenge the ability to apply the data uniformly to all women. With this in mind the PSTF developed a second model.

Model 2: Priority Sub-populations
The second model continued to rank the BRPs by incidence, and then ranks sub-populations by prevalence (the current level of infection already within the population). Funding would then be assured to sub-populations that were four times the city's average of prevalence, which is 2.2%. In other words, any sub-population at 8.8% or higher would be assured funding.

COUNCIL DISCUSSION
Clarification was requested pertaining to where and how the transgender population is represented within the collapsed BRPs.

- Bill B. explained that BRPs are not specified by gender identity, but rather by behaviors. However, the transgender population is contained within each BRP, such as: a transgender male to female (MTF) pre-op or female to male (FTM) post-op would be contained within then following BRPs: MSF and MSM/F, MSF/IDU, MSM/IDU and MSM/F-IDU, MSF, etc. *(NOTE: A more precise definition is detailed in the Plan.)* Bill B. further stated that you can not get a specific percentage of the transgender population without first estimating the transgender population size within each BRP, which has not yet been done.

Tracey noted that Willi McFarland is a new HPPC member and was the Consensus Report Meeting facilitator and asked how HIV prevalence among transgender individuals was considered.

- Willi indicated that the transgendered population was unfortunately omitted due to the lack of research on transgender populations. However, the Transgender Community Health Project provides data that reveals very high sero-prevalence.

Tracey explained that in the second model being proposed, transgender individuals would be considered by sero-prevalence and identified as a sub-population within the BRPs. Bill further stated that transgender data indicate that the prevalence among some transgender populations is greater than 8.8% across all ethnic groups, therefore assuring them some funding.

Members expressed their support of the second model, indicating that it was its simplicity that made it appealing. Willi agreed and added that model 2 is the simpler model because it self-weights for the size of the population. For example, just as a very low incidence rate in a very large population can cause an increase in infections, a high incidence rate in a very small population can also cause an increase in infections.

Members discussed concerns with the ranking of sub-populations by prevalence. More specifically, if a population has a disease prevalence of 100% there is no incidence and it may appear that prevention is not needed.

- Bill B. reported that the PSTF deliberated the issue of ranking sub-populations by incidence, and agreed that limited availability of data would limit that method. The PSTF was careful

not to combine prevalence and incidence in the initial ranking. The first ranking is done by incidence, but when ranking by sub-population the incidence rate would be much smaller and hard to interpret.

Members agreed that the simplicity of Model 2 was good but did not take into account potential flaws like an extremely high prevalence and the ability to incorporate data as it becomes available. Members suggested a "red-flag" be added to the model that would accommodate these exceptions to the rule.

- Bill B. stated that assuring that all sub-populations receive funding accommodates exceptions to the rule. However, it is not clear how much funding would be allocated for each. Toni also added that to incorporate data, as they become available, the PSTF was recommending the Department of Public Health initiate a pro-active approach to data collection and dissemination.

It was suggested that populations are ranked first by incidence, and then if data is not available, ranked by prevalence.

- Dredge stated that incidence is being used with the BRPs. When the sub-populations are separated out for funding, then prevalence is used within the BRP. For example, MSM and MSM/F are very large populations. Within that population pre-op MTF transgender would be included as a sub-population of that BRP. Since we have prevalence information on that sub-population which indicates a large burden of the epidemic, we can assure funding for pre-op MTF transgenders.

- Within this process, the PSTF wanted to be fair and not exclude groups simply because they do not have as much data. If one sub-population has incidence data and another does not have as much due to a lack of research, the lack of data puts the population at a disadvantage.

Members discussed their concern that Model 2 does not take into account increases in STD rates, and other co-factors which raise the risk for HIV transmission. It was still unclear how the second model would prioritize those with higher STD rates, lower economic status, and higher substance use.

- Tracey noted the concerns that the Council was experiencing regarding incidence and prevalence. She stated that incidence looks at the future of the epidemic -- the number of people who will become infected in a given time period. Prevalence refers to the past history – the percent of the population that is infected with HIV at any given time. She noted that she heard members expressing concern that the model would not account for future trends. The intent is that the model would watch for trends and incorporate information accordingly.

- Bill explained that one of the resource allocation recommendations could be to co-locate HIV prevention services with family planning or STD services. DPH could give extra points to groups that were already performing services in those areas.

- The PSTF members acknowledged that co-factors do have an impact. However, within Model 2, all available data is "thrown into the pot". Within Model 1, one has to be careful not to get "caught" into individual co-factors. Dredge explained further that co-factors are considered in both Models 1 and 2 because co-variates and co-factors are what define a sub-

population as a sub-population. For some sub-populations there will be data and for some there won't.

Jennifer Lorvick raised the point that since incidence data surfaces every two years and prevalence data is different in that it is based upon what has already happened, could a third criteria be added to Model 2 that responds to trends that could impact prevalence? For example, criteria responding to a rise in STD rates among adolescent women. Members agreed with Jennifer and the suggestion to add a third criteria to Model 2. After a brief discussion about the nature of an additional criterion (STD incidence) or other indicators, Council members agreed that the PSTF should add a third criteria. Jennifer stated that a mechanism should be in place to get resources to a sub-population that is at risk. The focus need not necessarily be on STDs, but there is a need for a prioritization process that is sensitive to trends.

Clarification was requested pertaining to "testing patterns" listed under Model 1 as primary criteria.

- Tracey explained that the PSTF wanted to make sure the criteria helped to identify sub-populations at high risk. Testing patterns refers more to those who do not test and do not know their status and those who do test but continue to engage in high risk behaviors while using testing to make sure they are still negative. It is not a simple criteria.

Members recommended the PSTF add a third bullet to Model 2 that is kept open-ended so that AIDS Office experts could look for new and emerging trends that propose indicators of imminent HIV risk. Willi responded that this type of addition would be in accordance with the CDC Prevention Indicators Project, which tracks potential indicators of HIV transmission and allows for enough flexibility to react to emerging trends. On behalf of the DPH, Tracey explained that an "emergency fund" would have to be established each year in order to fund programs to address trends.

Based on the discussion and suggestions of the Council members', the PSTF agreed to incorporate a third criterion to Model 2 to include sensitivity to trends. This third criterion will be developed by the PSTF and will be presented at their next presentation. The PSTF then moved for a concept vote on the two models. Steven S. defined a concept vote as a vote on the information presented that the Council supports but that may require additional work. It is not a final or binding vote, but rather a vote of confidence. New members are restricted from voting until January.

MOTION 1:
A motion was made to vote on preference of Model 1, Model 2, Abstain, or reject both Models. A second was made and Steven S. facilitated the vote.

CONCEPT VOTE:

Accepting Model 1	4 in favor
Accepting Model 2	10 in favor
Abstentions	3
Neither Model 1 nor Model 2	0

The motion to accept Model 2 passed with a majority of 10 votes.

MOTION 2:
The PSTF moved to modify Model 2 to include indicators of imminent HIV infection.

In favor:	15
Opposed:	0
Abstain:	1

The motion passed with 1 abstention. The PSTF thanked the Council for their participation.

6. CLOSURE AND EVALUATIONS

Adjourn: 4:50 PM

Attached to minutes for absent members:

- "A Night of Remembrance and Celebration", an A/PI Wellness Center community event invitation to commemorate World AIDS Day
- DPH: Community Health Promotion and Prevention Employment Opportunity
- Filipino American Community Epidemiological Study: Filipino Health Study Job Announcement
- HIV Prevention Director's Report
- Priority Setting Task Force presentation guide

HIV PREVENTION PLANNING COUNCIL MEETING

December 10, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Larry Meredith
A. Toni Young
Steven Sams

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Please read and bring:

- Agenda
- Minutes of 11/17
- Newsletter

All Items Include Public Comment

1.	Food/Welcome/Introductions/Announcements	Toni Young	3:00 – 3:20 PM
2.	Review & Approval of Minutes from 11/19/98	Toni Young	3:20 – 3:25 PM
3.	Public Comment	Toni Young	3:25 – 3:35 PM
4.	HIV Prevention Director's Report	Larry Meredith	3:35 - 3:50 PM
5.	Presentation of the First HPPC Newsletter, "The Collaborative Voice"	Byron Mason & Manny DaCalanio	3:50 - 4:00 PM
6.	Community Co-Chair Nominations	Steven Sams	4:00 – 4:10 PM
7.	BREAK		4:10 - 4:20 PM
8.	Culturally Competent HIV Prevention Programs for African Americans	Pat Norman, Erick Brown, Alfonzo Harden, & Jesse James	4:20 - 5:40 PM
9.	Evaluation Loop	Toni Young & Kathleen Roe	5:40 – 5:55 PM
10.	Closure and Evaluation	Toni Young	5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities.

HPPC Meeting - Thursday, December 17, 3-6 PM, First Unitarian Church, 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, January 14, 3-6 PM. First Unitarian Church 1187 Franklin Street (@ Geary)

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DPH

HIV PREVENTION PLANNING COUNCIL
Minutes of December 10, 1998

HPPC:	Thurs., December 17, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., January 14, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:
Joan Benoit
Carla Clynes
Manny DaCalanio
Elizabeth Davis
Brenda Escobar
Sister MaryMae Himm
Sacul L'Adnbre
Melinda Martin
Byron Mason
Mazdak Mazarei
Willi McFarland
Larry Meredith
Lauren Michaels
Helen Miramontes
John Newmeyer
Shawn O'Hearn
Henry Ocampo
Jeff Poltl
María Rinaldi
Steven Sams
Father River Sims
Danielle Stringer
Steven Tierney
John Blake West
A. Toni Young

Members Absent:
Marcos Bañales
Michael Bogan
Michael Caruso
Michael Discepola
Rowena Esquieres
Dave Hubbard
Jaron Kanegson
Dredge Byung'chu Kang
Stephen King
Jennifer Lorvick
J. Colin Partridge
Dawn Passar

Parliamentarian:
Tony Leone

DPH/AIDS Office Staff:
Tracey Packer
Peter Twyman

Polaris R & D, Inc.
Kweli Simone Ferguson
Amalia Fernandez-Niewendorp

Guests:
Tracey Abernathy, YUTHE
Marta Segovia Ashley, MARCC
Erick Brown, BCA
Gustavo Cravioto, Instituto Familiar De La Raza
Alonzo Harden, YUTHE
Berta Hernández, Instituto Familiar De La Raza
Jupiter, New Village
Pat Norman, ICHO
Concha Saucedo, Instituto Familiar De La Raza
Adela Gonzalez del Valle, MARCC

Technical Support Staff:
Michael DeMayo
Kristin DuBay Horton

Process Evaluation Team:
Wendy Hussey
Kevin Roe
Yuimari Ruiz
Alison Wakefield

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1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Toni Y. welcomed the group and asked for announcements.

Announcements:

Member Absences

- Dredge Byung'chu Kang, J. Colin Partridge, Marcos Bañales, and Stephen King notified the Co-Chairs of their inability to attend this meeting.

María Rinaldi

- Instituto Familiar De La Raza is currently recruiting members to serve on their Board of Directors. Latina women and HIV+ individuals are strongly encouraged to apply. Contact María for more information.

Manny DaCalanio

- There is an opening for Youth Coordinator, Health educator for the Filipino Task Force.

Elizabeth Davis

- Elizabeth read her letter of resignation to the Council. She will be resigning from the HPPC to accept a position with the AIDS Office as Health Program Coordinator II - Contract Specialist/Program Manager.

Steven Tierney

- Steven suggested a motion to thank Elizabeth Davis for her outstanding work with the HPPC.

John Blake West

- New members will be required to attend a debriefing meeting immediately following the HPPC meeting from 6PM to 6:30PM. HPPC members are welcomed to attend.

Sister MaryMae Himm

- The Sisters of Perpetual Indulgence will be hosting their annual Saturnalia event, giving away $9000 in grant money, this Sunday from 7 PM to 9 PM at Harvey's on 18th and Castro. Everyone is welcomed to attend.

Technical Support Staff and Guest Introductions

Michael DeMayo

- There is usually a committee newsletter at the beginning of each month. There will be no newsletter this month due to budget constraints. The newsletter will resume for the first meeting in January.

Tracey Packer

- Dredge Byung'chu Kang sent notice of a job announcement with the AED Center for Community-Based Health Strategies. AED seeks to fill the position for Senior Program Manager, Hispanic/Latino Technical Support & Community Liaison. Announcements are available on the handout table.
- There is a vacancy on the Multicultural Liaison Board. The MLB, an advisory board to the State of California Office of AIDS, is currently seeking application for African American women. Announcements are available on the handout table.

2. APPROVAL OF THE MINUTES FROM NOVEMBER 12:

A motion and second were made to approve the minutes of 11/12/98 HPPC meeting. The minutes were approved with 15 in favor and 3 abstentions.

APPROVAL OF THE MINUTES FROM NOVEMBER 19:

A motion and second were made to approve the minutes of 11/19/98 HPPC meeting. The minutes were approved with 13 in favor and 6 abstentions.

3. PUBLIC COMMENT

- Adela Gonzalez del Valle and Marta Segovia Ashley of the Multicultural AIDS Resource

Center of California announced the upcoming Training of Trainers - Phase II conference to be held December 17th in San Francisco, February 11th in Fresno, April 8th in Chico, and June 10th in San Francisco.

Marta Ashley Segovia shared with the Council her recent experience presenting the Training of Trainers Model of MARCC in India. She also spoke of the positive impact of organizations like the HPPC in the area of HIV prevention. She explained that since the epidemic has recently reached India, the work other countries are doing to combat HIV/AIDS is very important there.

- Berta Hernández, Concha Saucedo, María Rinaldi and Gustavo Cravioto of the Instituto Familiar De La Raza spoke of the conflict of interest that they believed occurred when Ms. Elizabeth Davis participated on the Technical Review Panel for prevention programs for transgender individuals. Instituto Familiar De La Raza is disputing a conflict of interest that Ms. Clynes was prevented from speaking her opinions during the review panel selection process. According to DPH, Ms. Clynes could not share her opinions since she is a Department of Public Health employee, even though she served as an employee of Instituto Familiar De La Raza until October 6th. The group argues that Ms. Davis was allowed to be a part of the review panel as a community member although she too is an employee of the Department of Public Health, STD Prevention and Control Unit. She has since been hired as Program Manager of the AIDS Prevention Unit, a position she applied for prior to participating on the Review Panel. The group understood this to be a further conflict of interest since any potential member of the Review Panel is asked about possible intentions of applying for a job in any of the agencies involved. They stated further that the definition of DPH AIDS Office Staff is not clear and contributes to the confusion of roles and conflicts of interest. They explained their concern is for a process that does not seem to be standard (and should be) and the fact that there was no representation of the target population to be served on the Review Panel: Latino/a Transgenders BRP 1-4. Carla spoke of her concern for the transgender population since they are in need of help and encouraged the Council to set aside time to discuss this issue.

Instituto Familiar De La Raza appealed the decisions for funding award under Solicitation 029-98 to serve the Latino Transgender population. They reported that notice of the solicitation was not received until four days before the deadline. They maintain that this tight deadline had an impact on putting together a proposal.

Larry Meredith of the Department of Public Health responded that the Department will be reviewing the technical review process of proposals. He suggested earlier publication of solicitations for funding. However, in this case the CDC created tight timelines.

Tracey Packer explained that the AIDS Office would have liked to have more time for agencies to respond to the solicitation letter. But, unfortunately, they did not. The process was not perfect, and the AIDS Office is concerned about not having someone from the Latino Transgendered Population on the Review Panel. Recommendations were solicited from other sources aside from the agencies who applied for the solicitation. Unfortunately, a Latina transgendered person without conflict of interest was not found. She stated further that the Priority Setting Task Force has had the solicitation process on their agenda for review for two years.

At the time of the Review Panel. Carla Clynes was a member of the AIDS Office staff. Though the Health Department is restructuring, functionally, staff members that work with the Department are treated as AIDS Office Staff. During this time, Ms. Davis was still a member of STD Prevention and Control. She will not begin as an AIDS Office staff person until January, 1999.

4. HIV PREVENTION DIRECTOR'S REPORT (Larry Meredith)

Larry distributed copies of the Director's Report to all Council members. He reported that for Category C (priority prevention services to HIV infected individuals), funds will be held until the new year. The CDC conducted a conference call on December 8th with all five of the demonstration sites (San Francisco, Los Angeles, The states of: California, Maryland, and Wisconsin). It was discovered tat the CDC has further to do in the area of developing guidelines. However, all five sites will be attending a meeting in Atlanta, Georgia in January and discussion of the Community Advisory Board will take place then. Toni Y. commented that this will be the first opportunity for the CARE Council and the HPPC to bridge gaps and work together. Both organizations are excited at the prospect.

Larry stated he would keep the Council informed on the latest occurrences regarding the purported city-wide budget surplus of $143 million. The Department of Public Health is still operating under a hiring freeze. Pelosi's Office held a conference last week to discuss the surplus and it is still unclear how many dollars will be allocated to San Francisco and what the planning process will be. It is one of the priorities of the Department to create an AIDS education program for seniors that has been approved by the Board of Supervisors.

Eighteen applications have been received for the Director of HIV Prevention position. The deadline was originally December 4th but will be extended to January 4th.

5. PRESENTATION OF THE FIRST HPPC NEWSLETTER, "THE COLLABORATIVE VOICE" (Byron Mason)

The HPPC newsletter, "The Collaborative Voice", is complete. The results are pleasing. The Outreach Committee was charged with developing an HPPC newsletter last spring. Byron reported that the newsletter will be quarterly. The next issue will be released in March and all submission must be in no later than February 5th. Byron explained that submissions can be about anything; an agency, community, or person. He stated that the newsletter does not have to be about HIV prevention issues only. Anyone interested in submitting material for the newsletter should contact Byron or Manny DaCalanio. Feedback is encouraged from the Council. Byron reported that the newsletter although the work of the Outreach Committee is for the entire HPPC. Tracey Packer commented that she has already received three phone calls of positive encouragement. Steven S. suggested that those interested in submitting work for the newsletter send it to Byron via e-mail at baggyjeens@aol.com, so that he does not have to retype entries.

6. COMMUNITY CO-CHAIR NOMINATIONS (Steven Sams)

The term Toni Young was elected to finish the term of former Co-Chair Ellen Goldstein will be ending December 31, 1998. Members are required to select a Co-Chair for the term beginning January, 1999 and ending on December 31, 2000. Prior to the meeting, members were mailed the list of eligible candidates to nominate for the Co-Chair's position. The replacement position will be voted on at the first meeting in January on the 14th. Statements of candidacy should be

submitted to Brian Dobrow of the AIDS Office by December 31st.

7. Break: 4 PM - 4:15 PM

8. CULTURALLY COMPETENT HIV PREVENTION PROGRAMS FOR AFRICAN AMERICANS (Pat Norman, Erick Brown, Alonzo Harden, Tracey Abernathy)
María Rinaldi introduced the presentation of African American agencies as a discussion of the multiple co-factors and co-variances within the community. Parts of the discussion will not be HIV related, but are nevertheless important since they contribute to the impact on the community.

Tracey Abernathy, Assistant Project Coordinator and Alonzo Harding, Health Educator: Youth United Through Health Education
YUTHE targets African American youth ages 12-22 in the Bayview/Hunter's Point district through street-based outreach. Tracey and Alonzo spoke of their collaboration with community service providers: Community Action Coalition and the Community Youth Action Coalition Group that utilizes intervention methods in the form of educating youth on HIV and STDs. A survey was conducted to determine the sexual activity of the Bayview/Hunter's Point youth. Approximately 300 youth were contacted and it was determined that 30% were sexually active. It was also discovered that many of the males were unaware of asymptomatic STDs. The youth also had concerns of confidentiality when needing the services of a clinic.

Screening booths are set up along 3rd street where counselors can talk to the youth and provide incentives (two movie tickets) for participation. STD screening takes place every Wednesday with the Third Street site, West Point Housing site, and Oakdale Housing site. MOUs have been established at each of these sites to use the facilities and to make presentations at the tenants association meetings. Peer educators go out into the community and recruit the youth to participate in the screening process. Youth are asked about the number of sexual partners and sexual behaviors, and whether they have been tested for HIV. YUTHE also develops brochures that feature the actual testimonials of young people within their target group so that the these youth can act as role models for others. The names have been changed and the youth pictured are models. Peer educators provide a non-judgmental approach to help youth realize the impact of their sexual behaviors.

If a youth is found to be positive for an STD, City Clinic will provide free treatment. The youth are then required to complete a demographic form at the screening table. The YUTHE program has been successful and approximately 10 youth are seen each day.

Tracey explained that some groups within the community are more difficult to reach than others:
- young women ages 16-20 years of age;
- the gay and lesbian community of individuals who refuse to admit their orientation;
- young IV drug users who do not ask for bleach for their needles.

Erick Brown, Director of Prevention: Black Coalition on AIDS
Erick Brown spoke of some of the barriers facing African Americans in confronting HIV:
- **shame and guilt at being seen going into an HIV office for testing and information;**
- **peer pressure;**
- **fear of rejection about admitting HIV positive status.**

Sexuality and drugs are two of the major challenges within the African American community. Talking about sex within the community is still taboo. Although many do not talk about it and insist they are not having it, STDs continue to climb. Intravenous drug use is prevalent within the community. People would rather admit to using crack, cocaine, and marijuana before admitting injection drug use. IDUs are on the rise among African American women. The women who are functional addicts make it difficult to provide intervention to this group.

The transgender population within the community has specific challenges to face when seeking intervention services. Being physically accosted is a concern as well as understanding of the special needs of the transgender population from the service providers.

Erick explained the impact of a lack of funding. There are several programs and services available to those who need them, but there are other basic needs that need funding to be supported. Clothing, food, and shelter are among the few. he reported that there are no psychosocial service available within these programs. People are consistently being referred to receive psychosocial services to places where they know no one and are not known. As is it stands, there is only one therapist serving the African American community.

Erick suggested remedying these problems by agencies being prepared to handle the specific needs of all people who seek services. This would include being knowledgeable about all services. He mentioned that collaboration exists only on paper. When new contracts are developed and implemented, collaboration seems to discontinue.

Pat Norman, Institute of Community Health
Pat Norman presented the challenges specific to women and needle users when accessing HIV prevention services. In 1983 and 1984, the Women's AIDS Network was established in San Francisco and then nationally. At that point, prevention and treatment services were not taken seriously. Statistics reflected that women were not at risk. Pat expressed her concern that the goal of prevention was to have no numbers.

In 1985 and 1986 when the programs at Haight-Ashbury were established, statistics revealed needle users were also not at risk even though there was needle-use within the gay community.

Now in 1998, San Francisco faces the result of those groups not taken seriously prior because the numbers were not there. Now that San Francisco has significant issues with Latinos, African American women, and needle users in the areas of HIV and AIDS, these groups are still met with apprehension.

The type of prevention programs needed are comprehensive that focus on the totality of the person that can also fulfill basic human needs. Pat reported that if basic needs are met, changes in sexual and needle use behavior would occur. People can not focus preventing the spread of HIV if their needs are not met.

If African Americans can statistically be at greater risk for STDs as reflected in the STD reports, HIV prevention amongst this group has failed. This includes syphilis, gonorrhea, and Hepatitis C. Pat asked how the needs of those groups who were previously ignored, get met. The answer is with money. She stated that the money is not there for these populations. She suggested the development of a friendlier, kinder system that has a process that meets all the needs of the people.

Pat explained that the outreach team provides services to all the BRPs. From July 1997 to December 1997, 7488 people were served. Staff put in 1,872 hours in shooting galleries and crack houses. There have been 13,492 people served up to date.

DISCUSSION

Steven T. - Referring to the survey YUTHE conducted, 30% of youth seems a relatively small number to be sexually active.

- Elizabeth explained that approximately 103 youth of 300 admitted to being sexually active through a telephone survey. She reported that there has been significant difficulty in finding sexually active youth because the youth that are visible are younger and not engaging is sexual activities. Others could be uncomfortable admitting having sex.

Toni Y. - To Pat Norman, what would you recommend to educate the transgender population and IDUs within the African American community on HIV prevention? Other than money, would another model like integrated services be helpful for specific communities?

- Alonzo maintained that providing a non-judgmental approach to provide services is the best way. YUTHE has only 1 transgender individual.
- Erick explained that psychosocial and family issues compound transgender issues. The problem is getting services for them. Integrated services does not seem to work with CARE contracts and it probably won't work with prevention.

John Blake W. - To YUTHE, how can awareness be raised among youth about STDs?

- It is necessary to form a trust to determine the behavior risk assessment of the youth. We try to let them make their own decisions and provide guidance on choices they make.

Danielle S. - Part of our responsibility is to women of color - how do we bring them out? It is important to have funding in the community nor because we want it, but because we are owed it.

- The panel agreed that money is an important factor. Pat explained that all programs have had to cut back. But those cutbacks could mean the loss of workers, providing basic needs which would eventually lead to people not being able to get services.

Sacul L. - There is a common denominator within the African American community that is denial. The idea of town hall meetings to address issues that are not being met is a suggestion. Collaboration of services and resources could occur to bring someone who could reach the youth.

Byron M. - the label of today's presentations speaks to culturally competent HIV programs. Cultural competence means embracing cultural norms. It means that the norms of one culture are not bad but something that is accepted by that group of people. What works in one community may not work in another. It may be time to reexamine strategies that were previously passed over because they did not look good on paper.

Jupiter/New Village - Outreach has to be done where the people are and provide more than just services. Services and compassion must come from the heart.

Lauren M. - We have been hearing the same information year after year. We have been consistently force to fight for a dollar and end up with dimes. Resources that African Americans use can be used to pass along a message. Service providers need to be visible in the community. If

the HPPC is capable of developing a newsletter for itself, then it is possible to do one for the African American community. Lets focus on the services that are needed right now and focus on the dreams later. When reviewing Category B, it seemed as if 75% of funds went to staffing, how much is for direct services?

- Tracey Packer responded that 75% for staffing is going to the staff who provide direct services and supplies.

Larry M. - The city has a surplus of funds, are their any ways to help?
Pat responded that it was her understanding that the surplus funding has already been designated for specific areas. She suggested the members of the Council set up a meeting with the Mayor so that funding can go where it most useful.

9. EVALUATION LOOP (Toni Young, Kathleen Roe)

Process Evaluation was developed to determine if the goals set out to be accomplished were accomplished. Process evaluation helps the communication process within community planning. Kathleen explained that the common thread uniting all of the HPPC despite individual differences was to combat HIV in San Francisco. The differences of each individual is a direct result of the different places at which each person has entered the HIV conflict, although everyone is united in the fight. However, those differences can be appreciated because they result in a more complete picture and deeper understanding of the epidemic and create a more ingenious and imaginative plan for more effective HIV prevention.

The differences also create:

- **different experiences of the epidemic**
- **different passions**
- **different fears and distrusts**
- **different flash points**
- **different ways of knowing (how information comes to us)**
- **different trusted knowledge (people we believe and those we don't)**
- **different leadership styles**
- **different communication styles**

When the CDC imagined community planning, there were three areas of focus:

1. **Parity - All participants have an equal voice.**
2. **Inclusion - The planning process is conducted in a manner that encourages full participation from all members.**
3. **Representation - Planning Council members are truly representative of the affected and infected communities and perspectives they represent on the Council.**

Kathleen explained that the dialogue boxes were a technique developed by herself and Kevin Roe. Their purpose is to:

- recognize work well done
- acknowledge efforts or key actions that enhanced the meeting or planning process
- express concerns or questions
- offer constructive feedback
- and suggest specific changes to enhance community planning.

Kathleen stated that it provides the opportunity for Council members to voice feedback to make the process better. The information is complied and given to the Co-Chairs within two business days so that they have the opportunity to incorporate HPPC member concerns in time for the next

meeting. Toni Y. explained that the boxes are not for voicing personal problems. Those types of conflicts belong between the individuals. María further commented that although people usually make constructive criticisms, personal "potshots" are hurtful and can undermine the work of an entire committee.

10. CLOSURE AND EVALUATION

Adjourn: 6 PM

Attached to minutes for absent members:

- Senior Program Manager/ AED Center for Community-Based Health Strategies job description
- Committee Assignment Forms
- MARCC Training of Trainers brochure and registration form
- Multicultural Liaison Board (MLB) - membership vacancies
- Minority Health Update
- HIV Prevention Director's Report
- Letter to Pat Johnson: Chief, Contract Unit AIDS Services - Department of Public health from Instituto Familiar De La Raza

HIV PREVENTION PLANNING COUNCIL MEETING

December 17, 1998
3:00 PM to 6:00 PM
First Unitarian Church
1187 Franklin Street (@ Geary)
San Francisco

Meeting called by: **Co-Chairs:**
Larry Meredith
A. Toni Young
Steven Sams

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Please read and bring:

- Agenda
- Minutes of 12/10

All Items Include Public Comment

1.	Food/Welcome/Introductions/Announcements	Larry Meredith	3:00 – 3:20 PM
2.	Review & Approval of Minutes from	Larry Meredith	3:20 – 3:25 PM
3.	Public Comment	Larry Meredith	3:25 – 3:35 PM
4.	DPH Joint Council Report	Steven Sams	3:35 – 4:00 PM
5.	HPPC Plans for 1999	Toni Young	4:00 – 5:00 PM
6.	Break		5:00 – 5:10 PM
7.	Celebration of 1998 Work	All	5:10 – 5:55 PM
8.	Closure and Evaluation	Larry Meredith	5:55 - 6:00 PM

UPCOMING MEETINGS

Note: All meetings are open to the public and are held in handicapped accessible facilities. Alloted time periods for agenda items are approximate and may require adjustments.

HPPC Meeting - Thursday, January 14, 3-6 PM, First Unitarian Church, 1187 Franklin Street (@ Geary)

HPPC Meeting - Thursday, January 28, 3-6 PM. First Unitarian Church 1187 Franklin Street (@ Geary)

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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SF DPH

HIV PREVENTION PLANNING COUNCIL
Minutes of December 17, 1998

HPPC:	Thurs., January 14, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. Thurs., January 28, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.

Members Present:
Marcos Bañales
Michael Bogan
Michael Caruso
Michael Discepola
Rowena Esquieres
Jaron Kanegson
Dredge Byung'chu Kang
Sacul L'Adnbre
Jennifer Lorvick
Melinda Martin
Byron Mason
Willi McFarland
Larry Meredith
Lauren Michaels
Shawn O'Hearn
Dawn Passar
Jeff Poltl
María Rinaldi
Steven Sams
Father River Sims
Danielle Stringer
Steven Tierney
John Blake West
A. Toni Young

Members Absent:
Joan Benoit
Michael Caruso
Carla Clynes
Manny DaCalanio
Brenda Escobar
Sister MaryMae Himm
Dave Hubbard
Stephen King
Mazdak Mazarei
Helen Miramontes
John Newmeyer
Henry Ocampo
Tracey Packer
J. Colin Partridge

Parliamentarian:
Tony Leone

DPH/AIDS Office Staff:
Brian Dobrow
Gil Gerald
Jimmie Naritomi
Peter Twyman

Polaris R & D, Inc.
Kweli Simone Ferguson
Amalia Fernandez-Niewendorp

Guests:
Brian King, Connor House
José Ramón Fernández-Peña, MNHC
Victoria Schneider, EDA
Cynthia Selmar, DPH/African American Health Institute
Christine Wong, Wedge

Technical Support Staff:
Michael DeMayo
Kristin DuBay

Process Evaluation Team:
Kathleen Roe
Kevin Roe
Alison Wakefield

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1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Larry M. welcomed the group and asked for members and guests to introduce themselves and make any announcements.

Announcements:

- *Member Absences*

  Joan Benoit, Helen Miramontes, John Newmeyer, J. Colin Partridge, Sister MaryMae Himm, and Henry O'Campo notified the Co-Chairs of their inability to attend this meeting.

Larry Meredith

- Tracey Packer will arrive late to the meeting. Her son is ill.
- Larry recognized DPH staff members who had been invited to participate in this year's year-end meeting and celebration.
- The use of dialogue boxes is encouraged for participation and to provide feedback to the year's presenters.
- The Director's report is available on the table and will not be presented as an agenda item.

The report explores issues of concern for the year ahead.

- A copy of the HPPC Core objectives was distributed at this time by the Steering Committee.
- Jeff Klausner, Director of STD Prevention and Control has submitted an alert of the syphilis epidemic developing in Seattle. Copies were made are available on the handout table.

Steven Sams

- There have been several accolades received on behalf of the Outreach Committee for their work in producing the HPPC newsletter, "The Collaborative Voice". Ellen Goldstein, a past HPPC Community Co-Chair, passed it around the CAPS organization where it was met with rave reviews. Steven acknowledged Byron Mason, Manny DaCalanio, and the Outreach Committee for their hard work.

Dawn Passar

- Dawn has decided to continue for another term with the HPPC.
- On December 22nd, the police will be holding a hearing regarding massage parlor establishments and permits and licensing. There is a feature in the San Francisco Weekly that discusses these issues. Further information regarding the hearing is available on the handout table. Members are encouraged to attend.

John Blake West

- John will not be attending the next two meetings to travel to Paris. Upon his return, he will be presenting the couple's study done last year for the final time. He will also be the chair of a forum regarding hyperlipidemia.

Toni Young

- Toni has just been appointed as the new HIV and Consumer Rights advocate for the city and county of San Francisco. The position is not affiliated with the Department of Public Health. An article regarding Toni's new position can be read in the Bay Area Reporter.
- There was an issue of starting on time for meetings and breaks raised in the dialogue boxes from the last meeting. Toni misunderstood that a meeting could not begin until there was a quorum. She discovered this to be untrue. She apologized to the Council.

Technical Support Staff and Guest Introductions

No technical support staff or guest announcements were made at this meeting.

2. APPROVAL OF THE MINUTES FROM DECEMBER 10:

The minutes from December 10th along with the minutes of December 17th will be voted upon for approval at the next meeting on January 14th.

3. PUBLIC COMMENT

No public comment was made at the meeting.

4. DPH JOINT COUNCIL REPORT (Steven Sams)

Steven presented information about the future of integrated services. In September, Bob Prentice, Director of Health Promotion/ Prevention Services under Dr. Katz, brought together the Department heads reporting to him and their CAB Co-chairs in an effort to address the possibilities

of collaboration between the groups. The essential notion was that the individual, the client, is a total human being and the services we provide through the various councils should provide an integrated continuum of services.

The group began by determining where collaboration could begin and decided to explore their individual planning cycles for similarities. It was discovered that the groups have similar planning cycles and diverse funding sources. The group determined that not only do the programs share similar philosophies regarding client services, many have also shared many of the same staff from the Department of Public Health. Interestingly enough, each of the groups is currently seeking to establish cultural competency guidelines.

The groups involved are the:

- Community Substance Abuse Services (Treatment on Demand),
- Community Mental Health Services,
- Maternal Child & Adolescent Health
- HIV Health Services (CARE Council)
- HPPC

A representative from the Housing group was also asked to participate. Being that they are the only organization actually performing integrated client services, would benefit the DPH Joint Council advisory group's efforts.

The group decided that next steps could not proceed until two issues were explored further:

- **Cultural competency as a statement of need and a tool of measurement to be used by all agencies throughout San Francisco.**
- **Definition(s) of intervention/prevention terms such as harm reduction that could be used by all agencies.**

The group will meet again in January to narrow down its focus. The Council will be kept abreast of the group's progress. Steven stated that anyone interested in more information could contact him via a voice-mail telephone line at (415) 554-3256.

5. HPPC PLANS FOR 1999 (Toni Young)

Toni began the presentation with a discussion of internal changes to create a smoother process. She explained that the Council is comprised of individuals committed to the prevention of HIV and in order for effective community planning, these individuals (HPPC) need to become more familiar with each other. She stated that the process in the past has been sometimes adversarial due to the lack of member solidarity. She suggested that not only should Council members consider the above issue of solidarity but also examine the HPPC's current methods of communication. Toni stated the need for the HPPC to get back to the basics – more specifically the five core objectives. Toni then referred to the previously distributed HPPC Core objectives and asked members to read each of the objectives. Members then offered their interpretation of the objectives. Listed below are the actual objectives.

CORE OBJECTIVES OF THE HIV PREVENTION COMMUNITY PLANNING

1. **Fostering openness and participatory nature of the community planning process as carried out by San Francisco's HIV Prevention Planning Council.**
2. **Ensuring that the HIV Prevention Planning Council membership reflects the diversity of**

the HIV epidemic in San Francisco, and that expertise in epidemiology, behavioral science, health planning and evaluation are included in the process.

3. **Ensuring that priority HIV prevention needs are determined based on an epidemiological profile and a need assessment.**
4. **Ensuring that interventions are prioritized based on explicit consideration of priority needs, outcome effectiveness, cost effectiveness, theory and community norms and values.**
5. **Fostering strong, logical linkages between the HIV Prevention Planning Council process, its plans, the DPH HIV Prevention section application for funding and the allocation of CDC HIV prevention policies.**

Toni then discussed the differences of the HPPC committees and their functions for the year 1999.

STEERING COMMITTEE

The Steering Committee has developed "swim lanes" (attached to the minutes) which serve as the planning activities from January to December 1999. January will begin Co-Chair, Steering Committee, and Members-at Large nominations that will allow individual Council members to become more involved within the HPPC. Toni reported that as a member of the Steering Committee (composed of Committee Co-Chairs, the HPPC Co-chairs, and two members-at-large), individuals will have the opportunity to learn leadership skills since they will be carrying the opinions of the majority. Members who are not Co-Chairs and wish to serve on the Steering Committee may do so as an elected member-at-large. The following lists indicate the Steering Committee tasks for 1999.

- **Review and revise as necessary, procedures for operating the Council.**
- **General HPPC Agenda review and assistance with Council business.**
- **Plan a cultural competency training and facilitator training.**
- **Continue to develop methods to improve membership continuity and satisfaction with service on the Council.**
- **Explore strategies for increasing member attendance at both Council and committee meetings.**

MEMBERSHIP COMMITTEE

Toni introduced John Blake West and Steven Sams to present on behalf of the Membership Committee. John and Steven spoke of the difficulties faced by the Membership Committee during the 1998 term. It was the feeling of the Membership Committee members that they did not receive a lot of support from the Council in 1998. It is important that the Council should support the Membership Committee because without this Committee, the HPPC will suffer low member retention and member recruitment. It was noted that without members there could be no community planning. John stated that the Council must be reflective of the community and the groups impacted by the epidemic. John asked the Council to actively recruit Latinos/as and HIV+ women since these are gaps that must be filled.

For the upcoming year, a lot of the administrative tasks (mailings, recruitment flyers, applications, etc.) previously assigned to the Membership Committee will be taken over by the Department of Public Health. Steven reported that this would allow the committee members to concentrate their efforts on the more pertinent committee tasks.

In 1996 members suggested that the recruitment process should be implemented every 6 months

rather than once a year. Sacul L., an advocate of the 6-month process, stated that the energy of Council members with families could be easily drained with all the other responsibilities in their lives. She stated that Council members without families might not realize the time commitment. John Blake W., another advocate for the 6-month process suggests that there needs to be a ready mechanism in place to replenish members. Council members and those seeking to be council members, who are not affiliated with HIV prevention agencies, may not be as able to get time off from their work to attend meetings.

Lauren M. stated further that Council members who do not have families are just as busy as those that do. Not only do Council members serve on the HPPC and possibly other councils; they must also work and are asked to further serve on a committee in order to fulfill their HPPC obligations. It's hard to be obligated to yet another committee to serve on the Council.

Toni responded that it is necessary for Council members to serve on committees so that everyone has an equal voice and participates in the process. The HPPC is a community planning body, that requires community input, therefore community members are needed. If members were not obligated to participate in the committee's then only a few members (those attending) would be making the decisions for all. The following lists indicate the Membership Committee tasks for 1999.

- **Manage the recruitment, selection, and orientation of new Council members.**
- **Review and approve the HPPC retreat agenda.**

PRIORITY SETTING COMMITTEE

Toni argued that although the Priority Setting Committee is the "meat and potatoes" of the prioritization process, it tends to be one of the most mundane committees. However, participating in this committee can also be fulfilling in that members quickly realize that although they might not be representatives of a specific prioritized population, their charge is to be advocates for all populations in need. Toni noted that the Priority Setting Task Force presented a revised priority setting model several weeks earlier and recently discovered that Epi data must be obtained to confirm that those gaps in funding allocation match with the reality of numbers of projected cases in the Behavioral Risk Populations. The following lists indicate the Priority Setting Committee tasks for 1999.

- **Complete all phases of the Priority Setting Model for identification of sub-populations.**
- **Begin planning for a revised Epi Chapter of the HIV Prevention Plan.**
- **Develop guidelines for the technical review of proposals.**
- **Compare sub-populations to current funding allocations, make recommendations for adjustments.**

STRATEGIC EVALUATION COMMITTEE

The primary function of the Strategic Evaluation Committee is to determine which populations need to be studied to prevent the spread of HIV and to disseminate BRA results to Council members. Michael Bogan reflected that the difference between the Priority Setting Committee and Strategic Evaluation is that the latter prioritizes studies to determine the effectiveness of strategies for HIV prevention with different groups. The former uses those findings to prioritize those groups to receive funding. The following lists indicate the Strategic Evaluation Committee tasks for 1999.

- **Assess the Strategic Evaluation Plan, identify accomplishments, and re-define the time line.**
- **Assess the Strategic Evaluation Plan for adherence to CDC requirements, and recommend adjustments as necessary.**

COMMUNITY LIAISON COMMITTEE

The Community Liaison Committee, formerly known as the Input and Outreach Committee, manages the HPPC newsletter and the web page. It is the responsibility of the Community Liaison Committee to provide the information of what takes place within the HPPC. This is an important function because the HPPC could not exist without the community. The following lists indicate the Community Liaison Committee tasks for 1999

- **Manage the HPPC newsletter, "The Collaborative Voice."**
- **Manage the website.**
- **Manage the community forums.**
- **Manage the solicitation participation of agency and community members at large in the work and decisions of the HPPC.**
- **Develop collaborative relationships with the Treatment on Demand Planning Council and the Health Services (CARE) Planning Council.**

THE ROLE OF HPPC COMMITTEES

Committees meet at least once a month for the full year. Committees and their members are responsible for doing much of the HPPC work throughout the year. Committees establish the frequency and duration of their meetings in order to complete their tasks and figure out how to go about their work. Committees elect one or two committee chairs to plan, guide, and facilitate the work of the committee and serve on the Steering Committee. The sooner committees are announced; the sooner work can begin.

Members discussed the amount of meetings members are required to attend to serve on the HPPC. Shawn O'Hearn, an advocate of one meeting per month, asked whether 24 meetings over the year were necessary. Toni explained that every attempt was made to have one meeting per month, but prior commitments made in 1998 prevented that. The Steering Committee focused on what was mandatory and non-mandatory. Throughout the months from June to September, two meetings a month will be mandatory to complete the CDC application. In reality, the HPPC will have 16 mandatory meetings including all of the training sessions that were previously held as additional meetings and four community forums, with a maximum of 24 meetings for the entire year of 1999. The four forums labeled TBA on the draft schedule of Council meetings for 1999 (attached to minutes) are not additional meetings and will be announced by the Community Liaison Committee.

6. Break: 4:10 PM - 4:25 PM

7. CELEBRATION OF 1998 WORK

The Co-Chairs reserved the last part of the meeting to recognize Council members for the individual uniqueness each brought to the HPPC. Certificates of appreciation were distributed to Council members who worked on the Council in 1998.

8. CLOSURE AND EVALUATIONS

Adjourn: 5 PM

Attached to minutes for absent members:

- Draft schedule of Council meetings - 1999
- Process Evaluation: Meeting #23
- Joint Council Presentation to HPPC 12/17/98
- HIV Prevention Director's Report
- Current Councils, Advisory Boards, and Committee Structures
- Cycle of Planning 1999 - Draft